

5	FOR 1 - STATE		STATE OF I	MARYLAND H AND MENTAL H	YGIENE I	0 8 3	5 5				
	REGISTRAR		DICAL EXAMINER'S	CERTIFICATE O	F DEATH RE	EG. NO.					
20 4 30 25 12	I. DECEASED NAME (TYPE OR PRINT)	JESSE	MIDDLE	ADAMS	20. DATE KNOV OF ESTI DEATH MATE	wn ⊠ March	1981 M				
P. REA DIRECTO DIR FILL SA STREET	3. SEX 4. RA	S. DATE OF BIRTH	A AGE UN YEARS IF LI	NDER 1 YR. IF UNDER 2	24 HRS. 20 DATE MIN. PRONOUNCED DEAD	March <sup>a</sup>	YEAR 22 HOUR 5:07				
FCESSA NESAL PERSON	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SOUTH CA	7b. CITIZEN OF W			:D U	George's (					
FLEAVEN TOTHE FLED School W	ID. CITY OR TOWN OF DE	(IF NOT IN SUCH FA	SPITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESS) George's Gen. Ho	ER INSTITUTION	120. USUAL OCCUPATION FOR MESSANGE	N (TYPE OF WORK 126 )	VORK 126 KIND OF BUSINESS OR INDUSTRY				
21201 ANY C AND 3 RETAIN FECORD RECORD	USUAL RESIDENCE (IF IN N 130. STATE MD	13b. COUNTY P.G.	VE RESIDENCE BEFORE ADMISSION) 13( CITY OR TOWN DISTRICT HGTS		13. STREET ADDRESS MAR	LBOROUGH F	PIKE				
RE, MD.	GEORGE H. ADAMS LAST FLORENCE MIDDLE MIDDLE LAST FLORENCE MIDDLE JOHNSON										
BALTIMORE, ES AFTER DEAS GIVE PAGES WITH FORM P PAGES I AND	160. WAS DECEASED EVE (YES, NO, OR UNKNOWN)	R IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	577 48 5510	17. INFORMANT ADELLA		505 MARLBO	ROUGH PIKE				
W. PRESTON ST., D. WITHIN 24 HOUR SENCIL IN ITEM IS MINER ALC G. W. TRANSIT PRIMIT FRANCE IN TRA	18 CAUSE OF DEA PART I DEATH \\ Canditians, if gave rise to cause (a) statin lying cause las	any, which immediate g the under-	far (a), (b), and (c).)  Multiple injurie AS A CONSEQUENCE OF  AS A CONSEQUENCE OF	25		.06	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH				
CORDS, 2 BE EXECUTOR INDICAL ELECTOR IN INDICAL ELECTOR IN INTHANDICAL ELECTOR IN INTHANDICAL ELECTOR IN INTHANDICAL ELECTOR ELECTOR INTHANDICAL ELECTOR ELECT		nt conditions <u>contributing 1d death</u>	BUT NOT RELATED TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PARI	[ ] (a),						
FUITAL RE E SHOULD MORD "PEI E CHIEF M NT OF HEA NT OF HEA	19a. DATE OF OPER	ATION 196 CONDI	TION FOR WHICH OPERATION W	/AS PERFORMED?		20	AUTOPSY?				
DIVISION OF VITAL RE S. CERTIFICATE SHOULD RITING THE WORD. "PEL RDED TO THE CHIEF N RDED TO THE CHIEF N RDED TO THE CHIEF N RDED STORY OF HEA OI PRICE TO BURIAL.		OR HOUR AND	MONTH DAY YEAR OF		notorcycle/a		II SHILL II				
DIVISION CERT CATE, WRITING CERT CORWARDED OR, PAGE 23. HE STATE CERT CATE CATE CATE CATE CATE CATE CATE CAT	CONTRIBUTING  21d. INJURY OCCUI  WHILE  AT WORK  AT 1	RRED 21e PLACE	OF INJURY (AT HOME, 211 LC	stern Ave.	& 50th 5th.	COUNTY	Wash., D.C				
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORVATOR FOR THE TO FUNERAL DIRECTOR: PATE MORE, MARY LAND.	22a. I certify that death resulted fra ACTUAL SIGNATURE	t I taak charge of the remains de:	Accident X Suicide	Homicide .	Undetermined manner  MEDICAL EXAMINER	and in my apinion  DATE SIGNED	3-2-81				
TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIME	EXAMINER'S NAMI (TYPE OR PRINT)  230. BURIAL, CREMATION,	REMOVAL 236. DATE	On, M.D.	ADDRESS OR CREMATORY	Penn St.	COUNTY	STATE				
BP	BURTAL  24 FUNERAL DIRECTOR  ALEXANDER	MAR 5,19  S. POPE 2617	PENNSYLVANIA AT	25a. DATE	LANDOVER N						

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12 -6		FOR 1665 STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 REG. NO.	8 3 5 6
1 1		CEASED NAME FIRST	HUR ale	EXANGER	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5 81 9:214 M
(M)	3, 36	Male M	Black	June 1, 1940	40 YRS.	MONTHS DAYS HOURS MIN.
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED		Cheve Kly MD.
201 on after filed with	-	PGGHER	(IF NOT IN SUCH FACILITY, GIVE STRE	2 H-GK	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) SOCIAL WOR	12b. KIND OF BUSINESS OR INDUSTRY <b>ker</b>
MARYLAND 21201 ed within 24 hour mplerely filled in to ond 2 should be fi	) 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland Se	TY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 7210 Giddin	gs Drive
	0	John Alexand	er Last	15. MOTHER'S MAIDEN N	lie Hill	LAST
BALTIMORE, cote be execu- opers. Pages 1 vol.			MED FORCES? 16b. SOCIAL SEG WAR OR DATES) 237 58	CURITY NO. 17. INFORMANT	ADDRESS	fe-7210 Giddin
W. PRESTON ST., of the deoth certific yy the ottending ph se remove corbon po cremotion, or remo	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DBY:  E CAUSE (0)  DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)	Spiretory GR.		BET DE COMMENT DE LA DESTINATION DE LA PROPERTIE DE LA PROPERT
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN: The low requires the outending physicion of the this certificate has been signed it of the ord Mental Physiche prior to buriol, orked or them 18 shows any injury, or or orked or them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or or or the order them 18 shows any injury, or	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \text{NO} \)
PHYSICIAN: T PHYSI		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
NVISION  VG PHYS  Ottendin  ther this c	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI e hospitol or DIRECTOR. A ched for use Dept. of Hein		220.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	3-5 8/19	ond that in (my) (our) opinio	, to 3 - 5 n death occurred on the date and ha	, 19, that (I) (we) lost ur and from the couses stated 22c. DATE SIGNED
HOSPITAL HOSPITAL FUNERAL Vold be det h the Stote		22d. PHYSICIAN'S NAME (TYPE OR	A	PHYSICIAN  120 ADDRESS  W. KUTEN	DIRECTOR PHYSICIAN	5-2-8/
00 BP 0 8 3 8	230. E	BURIAL, CREMATION REMOVAL	23 DATE 0 23	NAME OF CEMETERY OR CREMATORY 81 FORT Lincol:	n Cemetery Br	entwood, Maryla
DHMH-16 30M 2/80 (VRA 15, 4)		NERAL DIRECTOR  Wart Fineral	Home4001 Be	nning Road, NE	AR 1 ) 1981	May the Bredg

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12 12	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE  1 - STATE  STATE  O 8 3 5 7
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
Marke	(TYPE OR PRINT)  AUUSE  (TYPE OR PRINT)
A PLEA A STATE OF THE A	3. SEX 4. RACE S. DATE OF BIRTH COMMITTE STATE OF BIRTH LOST BUNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BUNDER 1 YR. IF UNDER 24 HRS. 2c. DATE
R RAIL	10. BIRTHPLACE (STATE OR 70. CITIZEN OF WHAT COUNTRY? 8
의 및 오른 등 ·	Wash., D.C. U.S.A. WIDOWED   DIVORCED   Time Georges MD
PELAY IS TO THE F V PAGE BE FILED	Chewelly Prince George General Application Housewille
- "	130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? YES 12 NO 12 14 30 - 34th St.
A . IF A. IF	14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME
DRE, M DEATH GES 1, AND 2	John A. Bernhardt Minnie L. Knabe
T., BALTIMORE, MD. 2  URS AFTER DEATH. IF  18. GIVE PAGES 1, 2, A  WITH FORM PM. 3, III. PAGES 1 AND 2 SH  III. PAGES 1 AND 2 SH  OUTSION OFWITH R	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166 SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  Thomas E.Alsop - (above address)
V ST., BAL. HOURS AF HOURS AF WITH NG WITH RMIT. PAG NNE, DIVISI	18 CAUSE OF DEATH (Enter only one couse per Jin) for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH
IIN 24 HOUR IIN 1EM 18. A ALON ISIT PRAMIT. HYGIENE, D	IMMEDIATE CAUSE OF THE PERSON CONSEQUENCE OF
W. PREST WITHIN ENCIL IN MINER A TRANSIT TRANSIT OR REMO	Conditions, if ony, which gave rise to immediate (b)
201 W. PRI UTED WITH IN PENCIL IN PE	cause (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 SCERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA BE SHOULD BE USED AS A BURNIAL. TRANSIT PERMIT. PAGES 1, AND 2 SHOULD BE USED AS A BURNIAL. TRANSIT PERMIT. PAGES 1, AND 2 SHOULD BE USED AS A BURNIAL. TRANSIT PERMIT. PAGES 1. AND 2 SHOULD BE USED AND SHOULD BE USED.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0.
SIVISION OF VITAL RECORE  CERTIFICATE SHOULD BE EX RITING THE WORD "PENDIN RDED TO THE CHIFF MEDIC  STANDULD BE USED AS A B  E DEPARTMENT OF HEALTH  STANDULD BUSINENT OF HEALTH  OF PRIOR TO BURRIAL, CREWA	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?  YES NO   210. EXTERNAL CAUSE WAS 1216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  217. STREET CLITY OR TOWN COUNTY STATE
CERTIFICATE SHO TING THE WORD SED TO THE CHIL SES SHOULD BE US DEPRINENT OF FRICKET OF BEUS FRICKET OF BEUS FRICKET OF BEUSE FRICKET FRIC	The EXTERNAL CAUSE WAS  21b. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  HOUR A.M. MONTH DAY YEAR
SARTIFICATION SA	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d, INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f, LOCATION
AAAKH 12	WHILE AT WORK AT WORK COUNTY STATE
NER: T CATE, FORK FOR FOR THE ST	22a   Certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
EXAMI CERTIFIC DIRECT WITH AARYL	death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined monner   ,
KAL BENT CALE	SIGNATURE SIGNED M.D. Deputy MEDICAL EXAMINER SIGNED 3-15-81
TO MEDICAL EXAMINER: TERECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	EXAMINER'S NAME TO BE REDITIONED ADDRESS 500 9 Roypum Ct. Comp Sprugs, Med
1/100 RP	230. BURIAL CREMATION, REMOVAL 23b. DATE 3/18/1981 Pt. Lincoln Com. 23d. LOCATION COUNTY STATE Burial 3/18/1981 Ft. Lincoln Com. Brentwood Pr. Goo. Md.
DHMH-17 (VR A15 ME (5))	24 FUNERAL DIRECTOR Nalley's F. Hopess Mt. Rainier, MAR 20 1981 Linking Reclaims
15M2/80	

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BIRTHPLACE (STATE COUNTRY)  JESH D.C.  CITY OR TOWN OF  FORSTVILI  JUSTIAL RESIDENCE (#1)  FATHER'S NAME FIRST  JAMES  WAS DECEASED E' (YES, NO OR UNKNOWN  TO CONDITIONS, if of gove rise to couse to), sife	DEATH  Pr. (  NURSING HOME OR IN 13 COUN  Pr. (  WER IN U.S. ARA  I)	USA  11. NAME OF JE NOT IN SU REGENC OTHER INSTITUTION THE INS	CH FACILITY, GIVE STREET  Y NUTSING  IN, GIVE RESIDENCE BEFOR  I.3c. CITY OR TOW  Temple F  LAST  Willis	Arn  S. DATE O  MONTH  10  MARRIED  WHO WE  WHO WHO  WHO WE  WHO WHO  WHO WHO  WHO WHO  WHO WHO  WHO WHO  WHO	DAY 1900  DI NEVER MARRIED DI DIVORCED DI NOTHER INSTITUTION  134 INSIDE CITY LIMITS?  YES NO DI SMOTHER'S MAIDEN N FINST  May  17 INFORMANT	126 USUAL OCCUPATION (1176 OF WORK FOR MOST OF V HOUSEWIFE  136. STREET ADDRESS 5304 Dogwo	DAY)  H UNDER I YEAR  YRS.  COUNTY OF DEATH  TO THE KIND OF BUSINES INDUSTRY  WORKING LIFE)  TO KIND OF BUSINES INDUSTRY  at home		
BIRTHPLACE (STATE COUNTRY)  JESH D.C.  CITY OR TOWN OF  FORSTVILI  JUSTIAL RESIDENCE (#1)  FATHER'S NAME FIRST  JAMES  WAS DECEASED E' (YES, NO OR UNKNOWN  TO CONDITIONS, if of gove rise to couse to), sife	DEATH  Processor State of the s	Cauc. The CITIZEN OF USA  11. NAME OF JE NOTINES REGENCE OTHER INSTITUTION ITY  GOO.  ADDLE  MED FORCES? WAR OR DATES)  ME LY one cause per DBY E CAUSE (0)	HOSPITAL, NURSII CHEACHITY, GIVE STREET V NUTSING IN GIVE RESIDENCE BEFOR 13c. CITY OR TOW Temple F  Willis 166 SOCIAL SECT 578-01-2 Er line for (a), (b), or	MARRIED WIDOWEI NG HOME O ADDRESS) THOME OF ADDRESS NO	DAY 1900  DI NEVER MARRIED DI DIVORCED DI NOTHER INSTITUTION  134 INSIDE CITY LIMITS?  YES NO DI SMOTHER'S MAIDEN N FINST  May  17 INFORMANT	80  Prince  176 USUAL OCCUPATION (1176 OF WORK FOR MOST OF WHOUSEWIFE)  136. STREET ADDRESS  5304 Dogwo  AME  ADDRESS	YRS.  COUNTY OF DEATH  PC O T G LS  IND		
TOUNTRY)  Jash D.C.  CITY OR TOWN OF  FORSTVILL  SUAL RESIDENCE (##  A FATHER'S NAME FIRST  James  WAS DECEASED ET (YES, NO OR UNKNOWN  18 CAUSE OF DI PART I. DEAT!  Conditions, if of gove rise to couse (o), sife	DEATH  Pr. (  NURSING HOME OR IN 13 COUN  Pr. (  WER IN U.S. ARA  I)	The CITIZEN OF  USA  II. NAME OF JE NOT IN SU  REGENC OTHER INSTITUTION THE IN	HOSPITAL, NURSII CHEACHITY, GIVE STREET V NUTSING IN GIVE RESIDENCE BEFOR 13c. CITY OR TOW Temple F  Willis 166 SOCIAL SECT 578-01-2 Er line for (a), (b), or	MARRIED WHOWEI NG HOME O LADORESS) WHOME ADMISSIONI VI HILLS WRITY NO 2866D	20 1900  DI NEVER MARRIED  DI NORCED  DI DIVORCED  DI DIVORCED  DI DI DIVORCED  DI DI DI DI DI DI DI  DI DI DI DI DI  DI DI DI DI  DI DI DI DI  DI DI DI  DI DI DI  DI DI DI  DI DI  DI DI  DI DI  DI DI  DI DI  DI	Prince  120 USUAL OCCUPATION (179E OF WORK FOR MOST OF V HOUSEWIFE  130. STREET ADDRESS 5304 Dogwo  AME  ADDRESS	YRS. COUNTY OF DEATH  PO T G S  NORKING LIFE INDUSTRY  at home  LAST  Harrison  S  LAST  Harrison  APPROXIMATE INTERV  RETWEEN ONSE! AND C		
TOUNTRY)  Jash D.C.  CITY OR TOWN OF  FORSTVILL  SUAL RESIDENCE (##  A FATHER'S NAME FIRST  James  WAS DECEASED ET (YES, NO OR UNKNOWN  18 CAUSE OF DI PART I. DEAT!  Conditions, if of gove rise to couse (o), sife	DEATH  Pr. (  NURSING HOME OR IN 13 COUN  Pr. (  WER IN U.S. ARA  I)	USA  11. NAME OF JE NOT IN SU REGENC OTHER INSTITUTION THE INS	HOSPITAL, NURSII CHEACHITY, GIVE STREET V NUTSING IN GIVE RESIDENCE BEFOR 13c. CITY OR TOW Temple F  Willis 166 SOCIAL SECT 578-01-2 Er line for (a), (b), or	MARRIED WHOWEI NG HOME O I ADDRESS) THOME RE ADMISSIONI VI HILLS  LIVING	DI NEVER MARRIED  DINORCED  DINORCED	Prince  120 USUAL OCCUPATION (179E OF WORK FOR MOST OF V HOUSEWIFE  130. STREET ADDRESS 5304 Dogwo  AME  ADDRESS	COUNTY OF DEATH  JEOURGES  IZE KIND OF BUSINES INDUSTRY  At home  LAST  HATTISON  APPROXIMATE INTER-  RETWEEN ONSES AND		
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JSUAL RESIDENCE (#13 STATE  Md.  4 FATHER'S NAME FIRST  JAMES  4 YAS DECEASED ET YES, NO OR UNKNOWN  18 CAUSE OF DI PART I. DEAT!  Conditions, if of gove rise to couse to, state to	VER IN U.S. ARA  VER IN U.S. ARA  I IF YES, GIVE  IMMEDIATI  Ony, which	Regenc OTHER INSTITUTION ITY  GO. ADDLE MED FORCES? WAR OR DATES)  Pe  Ly one couse pe D BY E CAUSE (o)	Nursing N. GWE RESIDENCE BEFOR IJC. CITY OR TOW Temple F  LAST Willia 166 SOCIAL SECT 578-01-2 er line for (a), (b), or	Home READMISSION) VN Hills LINE LINE LINE LINE LINE LINE LINE LINE	YES MO NO NO THE SMAIDEN NEWST MAY	Housewife  130. STREET ADDRESS 5304 Dogwo  AME  ADDRESS	at home  od Dr.  Harrison  item 13  APPROXIMATE INTER- RIWEEN ONSE! AND S		
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18 CAUSE OF DI PART I. DEATI Language of the course of the	EATH (Enter only H WAS CAUSED IMMEDIATE	ly one couse pe D BY E CAUSE (a)	er line far (a), (b), ar		Ethel M. Mus	ndell same as	APPROXIMATE INTERV		
Canditions, if gove rise to cause (a), st	IMMEDIATI	E CAUSE (0)		St	Take		11/10/11/11		
Conditions, if gove rise to cause (a), st	9 IMMEDIATI	E CAUSE (0)	OR AS A CONSEQU	t	rope		1 Vins		
PART 2 OTHER S	gove rise to immediate cause in stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF STATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16								
19a DATE OF OPE	ERATION	2)			N WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO		
OR CONTRIBUTING	CAUSE OF DEAT	200 C	M	AY YEAR		RRED LENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)		
WHILE AT WORK A	Section 2	21R PLACE	TREET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	N COUNTY STA		
saw the dec	eased alive an_		3-15/19	7/7 Jan	d that in (my) (aur) opinion	n death occurred on the date	te and hour and fram the causes star		
276. SIGNATURE	1)0	erd	Loss.	/	ATTENDING	MEDICAL STAFF			
Da	moel	(PRINT)	well		120 ADDRESS O 8	Kenp Ld	, Hillcrest All		
In BURIAL, CREMATIC (SPECIFY)	ON, REMOVAL	236. DATE				CITY OR TOWN	COUNTY STAT		
	1.74.1	13/19/	01 F1	. Line					
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AND 21:	130	AL RESIDENCE (IF NURSING HOME OR O	PGC BELTS	TOWN VILLE	13d. INSIDE CITY LIMITS? YES X NO .	130 STREET ADDRESS 11356 CHERR	RY HILI	RD. #	301				
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ORE vecu		VAS DECEASED EVER IN U.S. ARM YES NOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL WAR OR DATES	SECURITY NO.	17 INFORMANT	ADDRE							
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of rathending physician.  When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonopopers. Pages I and 2 should be file than and Mental Hygiene prior to burial, cremotion, or removal.  On the TB shows any injury, or other traumatic event, the medical exeguirer missible no acked or them 18 shows any injury, or other traumatic event, the medical exeguirer missible no		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	BY: The	mate	sity.			BETWEEN	MATE INTERVAL ONSET AND DEATH				
uires that the callingues by the callingued by the callingues remove bounds, are constructed by the callingues of the ca	z	gove rise to immediate couse (D), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (c)  DINDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	inal disease or coni	DITION GIVE	N IN PART 1(0	, ,				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	HOULD BE EXECUTED WITHIN 24 HOURD FROM THE REPORT IN TEAM IS THEF MEDICAL EXAMINER ALONG YOUR DEAD AS BURBAL. TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEAS	E OR CONDITION	GIVEN IN PAR	T 1 (a)							
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	AND TO THE		death resulted	from: Natur	ral causes	Accident .	Suicide _	, Hamic	ide .	Undetern	mined mar	nner .					
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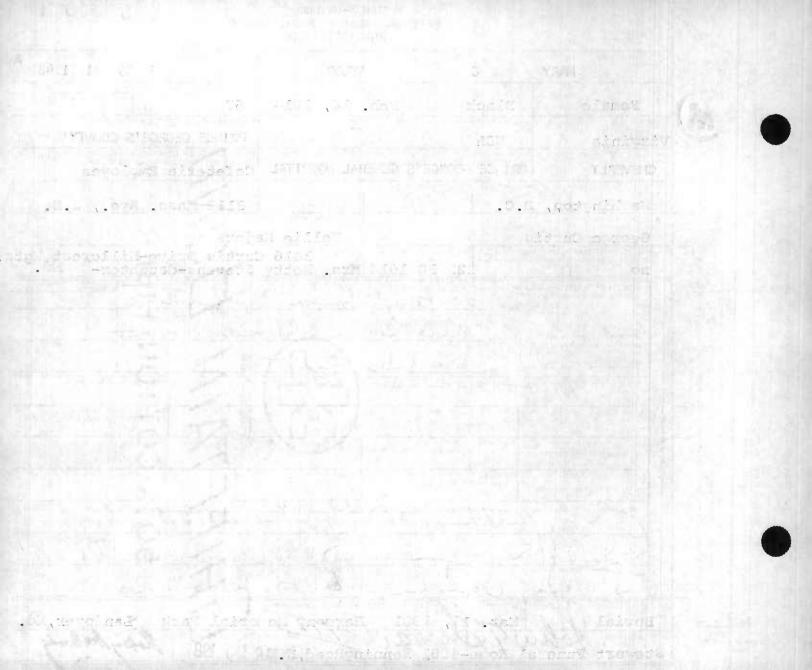
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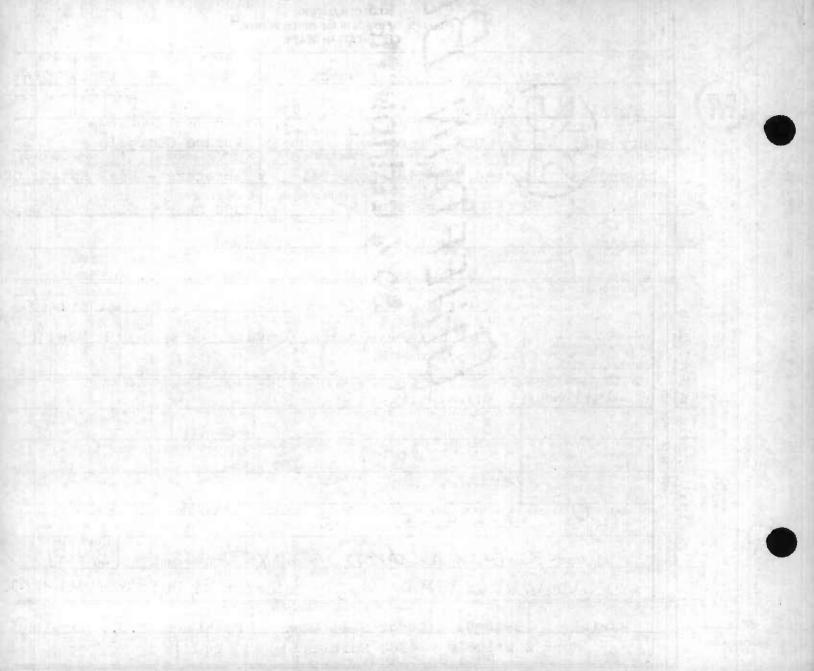
Home-4001 BenningRoad, N. B.R.

(VRA 15, 4)

Stewart Funeral

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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Page	Zer Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH	
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4 ST., BALTIMORE, MD. 2 HOURS AFTER DEATH. IF A M 1B. GIVE PAGES 1, 2, A M 1W. GIVE FORM PM 3. R RMIT. PAGES 1 AND 2 SH NE. DIVISION OF WITH IR L.	(YI	yes	(IF YES, GIVE WA	R OR DATES)		2-7226	2000 mm		Barha		56th F	Pl., S.E
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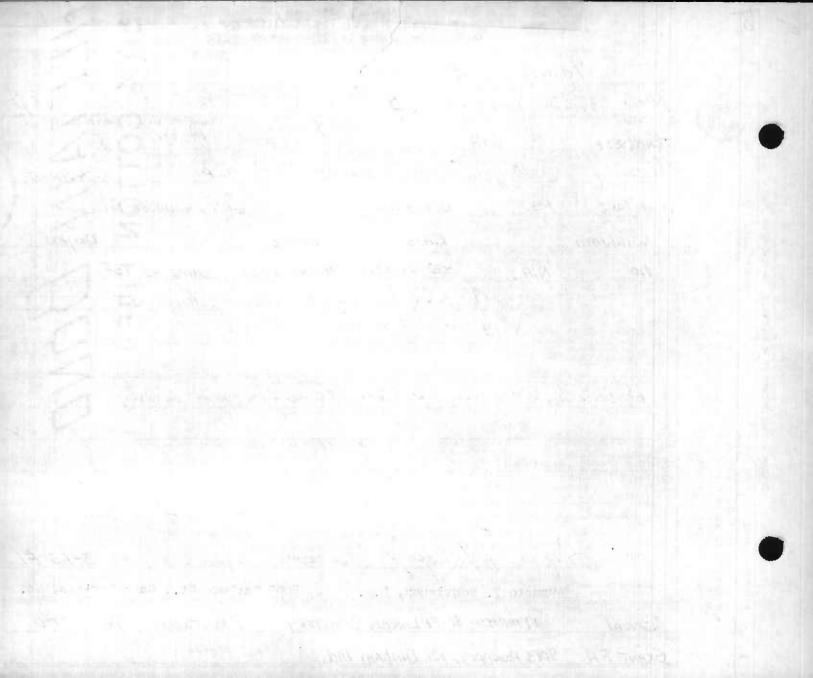
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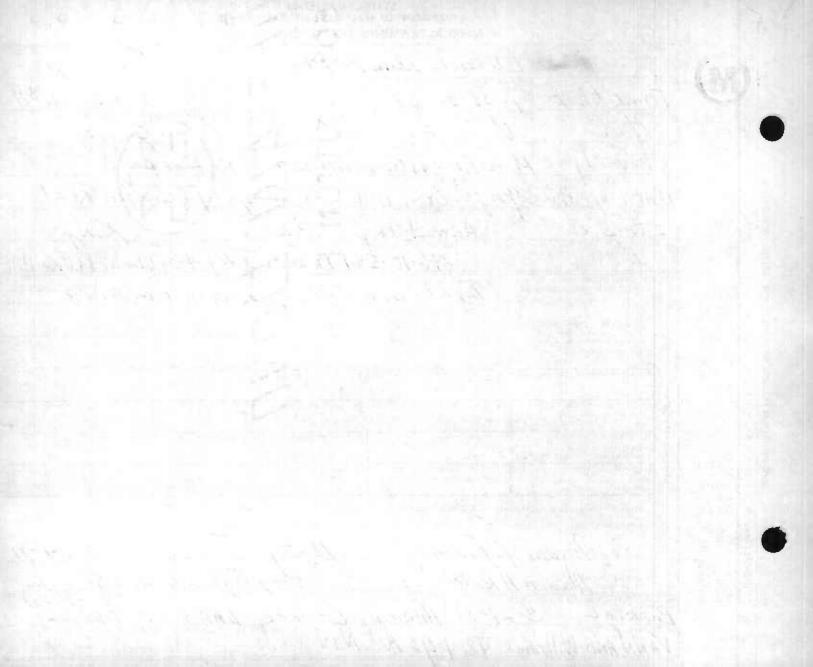
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120	o in oc	be 3	JUSUA	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE FOR	ADMISSION)	HO30110L		,	Mone		
ND	24 filled ould	33		rvland Pri		re Upper		13d. INSIDE CITY LIMITS?	6005 Croor	ne Sta	ation Ro	ad	
YLA	tely 2 sh	iner	-	THER'S NAME				15. MOTHER'S MAIDEN NA	ME				
A A	y bade	160		Charles	WIDDLE	Tyding	S	Iver	MIDDLE		Chapma	n	
RE, 1	3 8-1.	0	16a V	AS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	Es Uppe	r Marlb	oro, M.D.	
BALTIMORE, MARYLAND 21201	on ond	media	(1	es, no or unknown) (if yes, giv	E WAR OR DATES	579-68-1	.765	Winfield Bar					
BALI	ysicio	t, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per	line for (a), (b), and	d (c.l.)				BETWEEN	MATE INTERVAL DNSFT AND DEATH	
	a ph on p	even			TE CAUSE (o)	GOODA	sie 7	wow	on cea	2009	<u>r</u>		
W. PRESTON ST.,	ofic		4140	DUE TO, O	R AS A CONSEQUE	NCE OF				3 9 5			
	roor Loor		Conditions, if ony, which gove rise to immediate	(b)_		000	and a	-uno st	_				
₹.	W. PRE	other tr		couse (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF	CHZA					
201	s the	0 0			(c)		44	12 m cm 3/11		der	sins,		
DIVISION OF VITAL RECORDS, 201	sign sign hen p	.لاسار	N	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	SNTRIBUTING TO L	DEATH BOT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1(c	1	
Ö	been rmit. I prior	ony	ATE	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED	
IL RE	ne co	SMO	CERTIFICATION	-		er.			YES NO		FYING CAUSES	OF DEATH?	
1 ×	physicio physicio rtificote h ol-tronsit tol Hygie	88	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	VEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PART 2)		
Ö		E	AL	OR CONTRIBUTING CAUSE OF DE	AIN		19						
NO NO	HYS ndin his c	- io	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	4/5.1	COUNTY	67445	
IVIS	offer the	r ed	×	WHILE NOT WHILE AT WORK	(AT HOME, STA	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITORIO	4	COUNTY	STATE	
۵	A A A A A A A A A A A A A A A A A A A	S BO		220.1 certify that (I) (this hosp	ital) attended th	e deceosed from	3 2	2 19 51	, to 3	22	19 87	that (I) (we) lost	
	prio prio for sof H	21 :		sow the deceosed olive or obove, (1) (we) (did) (did no	3 2	ofter death	or or	d that in (my) (our) opinion	death occurred on the d	ote and had	and from the	couses stated	
	hos hos iREC	Her		22b. SIGNATURE	- 0			DEGREE	MILINETTE.		22t. DATE	SIGNED	
		<u>#</u>		M. Sa	en yo	7800		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	3).	22/81	
	HOSPITAL ined by the FUNERAL old be detail of the Stote	Z Z		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22 ADDRESS		Par E		141.5	
	ro Hospi retained b TO FUNE should be with the S	MPORTANT		SELTARA	the many	NAC	WLA	WALD	af mo		601.	٠٠٠٠٠	
	0 5 5 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. 1	JAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE	
2791	BP	-		Burial	March	26, 1981	Harmo	ony Memorial F					
DI	MH - 16 50M 7/77 (VR A 15 (4))	7	24. FL	NERAL DIRECTOR Rolli				1,	E REC'D. BY REGISTRAR	25h REGIS	TRAR'S SIGNAT	JRE	
	(400 12 (41)			4339 Hunt Pla	ce, N.E.	, Washin	gton,	D.C				1	

HEROTOR The makes the property of the second Sport outrough coords 2 (Call) THE AMERICAN CONTRACTOR OF THE PROPERTY OF THE PARTY. the annual industrial section is a second to

66		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 8  1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										361		
	******		CEASED NAME	aude		B.	BAS	SIAST	100	20. DATE KNO OF ES DEATH MA	TI- "	12 19 8/ N		
	PR. PLEA DIRECTO DUR FILE SY STREE	3. SEX	4 RACE			YEAR		FUNDER 1 YR.	IF UNDER 24 H	RS. 2c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR 24 HOUR		
	A STATE OF	FC	RTHPLACE ISTATE OR REIGH COUNTRY)	7b. C	USA	AT COUNTR	· /	ARRIED NE	VER MARRIED (	9. BALTIMORE	CITY OR COUN	NTY OF DEATH		
	MY DELAY IS NE DISTOTHERUN AND REFILED, N CREDS, 201 W.	10.0	LEVELLY AL RESIDENCE OF IN NOR	B	FNOT IN SUCH FA	( ) COL COM				USUAL OCCUPATION OF WORKING		12b. KIND OF BUSINESS OR INDUSTRY TELEPHONE		
	ANN	13a. S	ARYLAND	13b. COUNTY	CINSTITUTION, GI	136. CITY OR TOWN CHEVERIY		YES 🔀	WII / MINDON			IER Rd.		
	E-MOEL/		WILLIAM	MIDD		BASS		HA	13. MOTHER'S MAIDEN NAME MID			BRYAN		
	JRS AFTER S. GIVE PAWITH FOR WITH FOR DIVISION	16a. V	VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARMED FO (IF YES, GIVE WAR OR N/A	ORCES?		11 SECURITY NO 07-896/	MINN.		0	AS 13	E		
201 W. PRESTON ST., BA	WITHIN 24 HOUNTHIN 24 HOUNTHIN 24 HOUNTHIN 24 HOUNTHINER IN ITEM IN ITEM INTAL HYGIENE, OR REMOVAL.		18 CAUSE OF DEATI PART I DEATH W  Conditions, il o gove rise to couse (o) stoting lying couse loss.	AS CAUSED BY:  IMMEDIATE CAU  iny, which immediate	(1/2)	dios	alm n	ey arr	estdur	wy chag	nestie	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH		
	RECORDS, 2017  D BE EXECUTED PENDING" IN PROPICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMATION, CREMATION, CREMA	NOI	Prabetic	hypert	NERBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I O. I TENSIVE AS TENS POLICE OF CONSELVANCELLON DISEASE.							20 AUTOPSY?		
	F VITAL RE TE SHOULD WORD "FEI WORD	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDIT	196 CONDITION FOR WHICH OPERATION WAS PERF				AS PERFORMED?				
	DIVISION OF VITAL  S. CERTIFICATE SHOUL RITING THE WORD." ROED TO THE CHIEF R. 3 SHOULD BE USE E. DEPARTMENT OF H OI PRIOR TO SURIAL	CALCER	21a EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	F	INJURY MONTH D		c. HOW INJURY	OCCURRED (E	NTER NATURE OF INJURY II	N ITEM 18 PART I OR I	PART 2)		
	DIVISION THIS CERTIFE WARDED TO PAGE 3 SHOTT TATE DEPARED TO TATE DEPARED TO TATE DEPARED TO THE	MEDICAL	WHILE ON AT WORK	WHILE	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ETC.		LOCATION		CITY OF TOWN		OUNTY STATE		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICALE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		22a   certily that   death resulted from ACTUAL SIGNATURE	-		Accident C	, held on A	utopsy Homic TITLE (S	PECEY)	Inquiry Indetermined monner	DATE	Sep 3-/3-6/		
	MEDIC ECUTE TI GE 4 SH FUNER TER DEA	-	EXAMINER'S NAME (TYPE OR PRINT)	Augusto	P. Ro	drigue	z, M.D.	ADDRESS_			, Camp S	prings, Md.		
42	0 BP		URIAL, CREMATION, RI SPECIFY) BURIAL		MAKCH			OF CREMATO	4	d LOCATION CITY OF TOWN	op P	G. MD		
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	1	NAME F. H.	9013 A	NNAPO!	is Rd.	LANHAM	md.	250. DATE REC'I	BY REGISTRAR 2	SE REGISTRAR'S	SIGNATURE		



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			FOR STATE	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE	10000
	9		REGISTRAR	MEDICAL EXAM	MINER'S CERTIFICATE	OF DEATH REG. N	10.
ĺ			CEASED NAME , FIRST	WIDDLE	LAST	Ze. DATE KNOWN	MONTH DAY YEAR 26. HOUR
	ie Wotm Wir	(TYP	E OR PRINT)	Elizaboth La	isse BATTS	OF ESTI- DEATH MATED	3-23 1981 M
	1.00年)	3 SEX	DICE L	MONTH DAY YEAR LAST !	(IN YEARS IF UNDER 1 YR. IF UNDER THOMAS) MONTHS DAYS HOURS	ER 24 HRS. 2c DATE MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR
	A STATE A	70 BI	RTHPLACE (STATEOR	76. CITIZEN OF WHAT COUNTRY?	YRS.	DEAD 3	OR COUNTY OF DEATH
	ECESSO ON THE PART OF THE PART	FO	REIGH COUNTRY)	V. S. A.	MARRIED NEVER MAR	RRIED	Serges MD
	S. 21201 IF ANY DELAY IS IF AND 3 TO THE S. HOULD BE FILED L. RECORDS, 201	10. C	HEVERY	11. NAME OF HOSPITAL, NURSING PORTION OF HOSPITAL PROPERTY OF HOSPITAL P	HESS) 111 1 1 1 1	120 USUAL OCCUPATION (TV)  OR WORKING LIFE)  KETIRED	PE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
1	ANY DEL ANY DEL AND 3 TO HOULD BE RECORDS,	USUA 13g S	ATE / LINE COUNT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL	DMISSION)	1	al. P.I
	S. 21201 F ANY 2. AND 3. RETA SHOULL L. RECO	//	ARYLAND TRING	2 yeriges Oxon	YES ON NO E	17.00	erer NoAd.
	LTIMORE, ME FIER DEATH. F PAGES 1, 5 F PAGES 1, 5 GES 1 AND 2 GION OKVITA	0	EIRST LESSIE	ARM STR	DNG BRST	MIDDLE	KIN'S
	N SORAGE	16a. V	AS DECRASED EVER IN U.S. ARA	AED FORCES? 16b. SOCIAL SEC	URITY 10. 17 INFORMANTA	ADDRES	S
	A NET		NO	1246-10	7-5361 BERNICE	2 LVey-4804 U	heeler Rd. Vyon Hill.
			PART I DEATH WAS CAUSED	y one couse per line for (a), (b), and (c) BY:	).)	cardiovascul	APPROXIMATE INTERVAL SETWIFFN ONSFT AND DEATH
	24 HC 24 HC LITEM ALCONG F PERM 'GIENI		3507 IMMEDIAT	( DUE TO, OR AS A CONSEQUE	NCE OF	esale postad	vane
	THIN THIN THIN THIN THE AND TH		Conditions, if any, which gove rise to immediate	(b)			
	EXECUTED WITHIN 24 HOURS ING" IN PENDENTING 24 HOURS ING" IN PENCIL IN ITEM 18. CICAL EXAMINER ALONG WITH A BURIAL TRANSIT PERMIT. HAND MENTAL HYGIENE, DIN MATION, OR REMOVAL.		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
1	RDS, 201 V EXECUTED NG" IN PR NG" IN PR NG" IN PR NG EXAM NG E			(c)			
	O WOOLEN	N	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL OISEASE OR CONDITION GIVEN IN	PART 1 (a).	
	WITAL RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
	AS SELECTION OF SE	RTIFE	21g. EXTERNAL CAUSE WAS	DIA TIME OF INJURY			YES NO -
-	CERTIFICATE TING THE W ED TO THE SA SAFOULD DEPARTMEN PRIOR TO B	NI CE	UNDERLYING OR		YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	J PART 1 OR PART 2)
	RTIFI NG 1 NG 1 SHC RIOI	MEDICAL	CONTRIBUTING CAUSE OF E	P.M. 1 21e PLACE OF INJURY (AT HO	MF. 211. LOCATION		
	DIVISION OF VITAL REC BR: THIS CERTIFICATE SHOULD B ATE, WRITING THE WORD "PEN ORWARDED TO THE CHIEF ME NR: PACE 3 SHOULD BE USED AS NR: FACE 3 SHOULD BE USED AS HE STATE DEPARTMENT OF HEAD	ME	WHILE NOT WHILE C	SIREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	ATE, TORW ORW VE ST, 4D, 2		220. I certify that I took charg	e of the remains described above, held	on Autopsy , Inspect	tion . Inquiry . o	and in my opinion
	MAIN TIFIC TH TH TH TH		death resulted from: Natur	ol couses , Accident ,	Suicide , Homicide	· Undetermined monner .	
	H. WILL		ACTUAL ALCOUNT	5 DENUNUS	(SPECIFY)	MEDICAL EVALVA IED	DATE 3-24-81
Ì	DCA FETH SECTION DEATI	1	SIGNATURE TO THE	00110		MEDICAL EXAMINER	A O LA
1	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE MARYLAND, 2		(TYPE OR PRINT)	to H Kodriguez	ADDRESS SOO	9 Kay Bum Ct, l	any mas, My
		230.B	URIAL, CREMATION, REMOVAL 2 PECIFY) URIAL	36. DATE 31-81 231. NAME O	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	De Manufa Ja
	BP	24. FI	JNERAL DIRECTOR	I WINK!	A DAT 250. DAT	HARCES BOREGISTONAR 256. REC	GISTRAR'S SIGNATURE
	DHMH-17 (VR A15 ME (5))	V	ANN AND Willr	Ams 4804 9A1	We. IVW.	- C	
	15M2/80						



	25, 1303 78	.01	Case.	Female
			11.S.A.	Conn
ins al Suor, Atena Life	Cleric			
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Kirschm n Bowie	Emm3	ktole	3,€€	Peary
BW Bireseve La., M.				on
	1 11 - 11 -		y wasted	
entwoor, Maryland		∃moH	2-18-81 11 Fineral polis Rc.,	698

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or other troumotic

injury,

CERTIFI

MEDICAL

IMPORTANT: If Item 21 is morked or Item 18 shows ony

DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

REGISTRAR				CEKIII	ICATE OF DEATH		REG. NO.			
DECEASED NAME	FIRST		MIDOLE		AST	2a DATE OF	DEATH MONTH	DAY YEAR	2b. HOUI	R
THE OR PRINTS	HARR	Y	E	ВО	ARMAN		03-	-04-81	1:38	РМм
SEX		4 RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER	24 HRS
Male		White		Augu	st 10,1904	76	YRS	MONTHS DAYS	HOURS	MIN.
BIRTHPLACE   STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMOR	ECITY OR COUN	TY OF DEATH		
Maryland		U.S.	A.	WIDOWE	_	PRIN	CE GEORGE	EIS		MD.
CITY OR TOWN OF D	EATH				OR OTHER INSTITUTION	12a USUALO	CCUPATION	126. KIND C	F BUSINE	SS OR
CHEVERLY			GEORGE S		AL HOSPITAL		for most of working cionery E			
STATE  Maryland	136 COU		134 CITY OR TOWN Riverdal	V	134. INSIDE CITY LIMITS?	13e STREET A 5814	odress 64th Ave			
FATHER'S NAME	. 6.	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME	LUDDIS.			
?			arman		PIRST ?		MIDDLE ?	?	51	
WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		-	
$No^{(1)}$	( IF YES, GI	VE WAR OR DATES)	705-12-5	285	Mrs Elizabet	h Jubb	3105 Mor	avia Rd		
18. CAUSE OF DEA	ATH (Enter or	nly one couse per	line for (a), (b) and	l (c),1	tector			APPROX BETWEEN	MATE INTER	VAL DEATH
PART I. DEATH	WAS CAUSE	ED 8Y	ruelo	016	etector	cen	ouco			

18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for (o), (be and (c).) ED 8Y: TE CAUSE (o)	cenou	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1629	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	enoma	liens
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED

ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING \_ CAUSE OF DEATH P.M 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

sow the deceased alive on new the body ofter death 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

Western

22d. PHYSICIAN'S NAME

22a.1 certify that (1) (this haspital) attended the deceased from

22e. ADDRESS

23a BURIAL, CREMATION, REMOVAL | SPECIFY) 23b. DATE

NOT WHILE

Burial

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland

3/7/81 24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

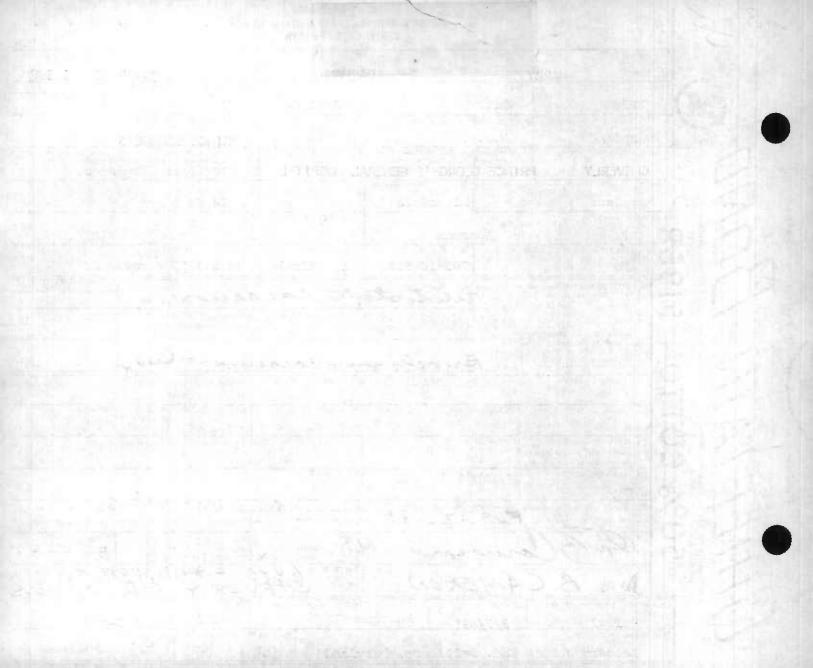
YES [

COUNTY

NO

STATE

STATE



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GRANT F. H. 9013 ANNAPOLIS Rd. LANHAM, Md

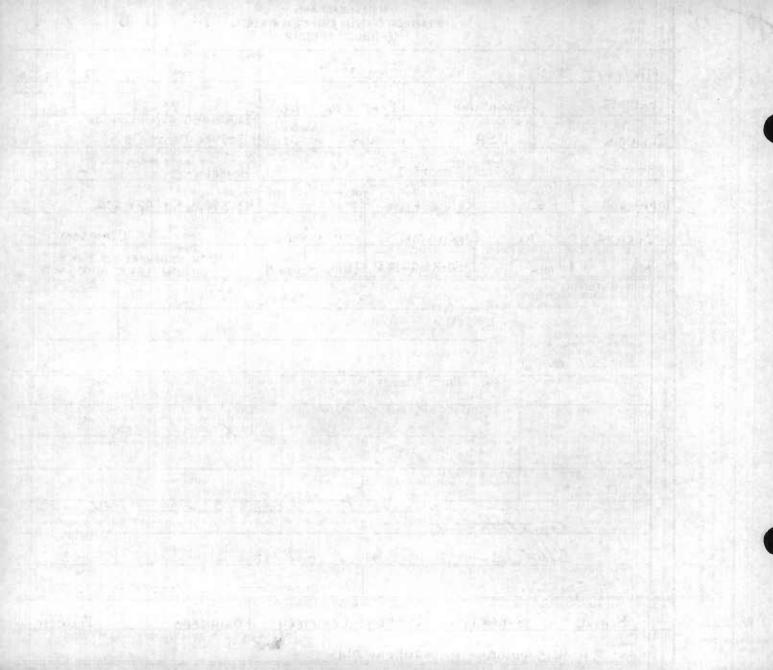
- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CO

CERTIFICATE OF DEATH



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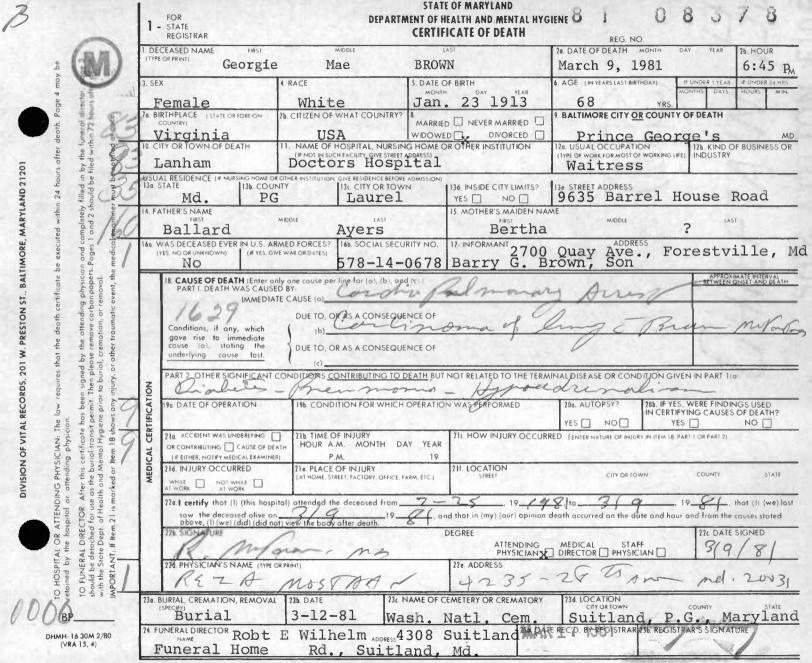
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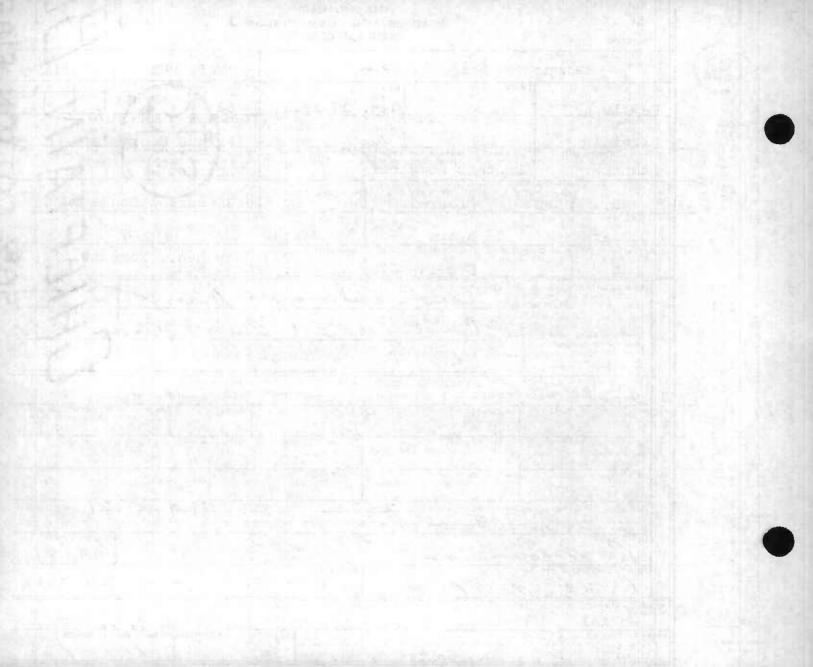
ROLLINS FUNERAL HOME, INC. AA39 HUNT PLACE, N.E.

WASSINGTON, D.C. SCOTO

/	1	FOR	DEF	PARTMENT OF HEA	LTH AND MENTAL H	YGIENE	08377
10		STATE REGISTRAR	MEDIC	CAL EXAMINER	S CERTIFICATE O	F DEATH REG. N	10.
24	1. DE	CEASED NAME FIRST MICH.	Rocalia	B. RIS	COE	20. DATE KNOWN ( OF ESTI- DEATH MATED	
P. P.E.A. DIRECTO TO HOLE N. STREE	3. SE	mace Black	S DATE OF BIRTH	YEAR LAST BIRTHDAY! A	UNDER LYR. IF UNDER	24 HRS. IL DATE	MONTH DAY YEAR 2d HONE 3-29 18/8/4 M
· MY	FC	RTHPLACE (STATE OR REIGN COUNTRY)  De 1	USA		ARRIED X NEVER MARRI	ED D Dage (	OR COUNTY OF DEATH  3. E. O.Y. G. C. M.D.
7714		TY OR TOWN OF DEATH	11 NAME OF HOSPITA	AL, NURSING HOME, OR Y, GIVE STREET ADDRESS) COTGE HOST		120 USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)  Examiner	1
201 MANY DE MANY DE MANY DE MANY DE MANY DE		AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COUNT	R OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	Character of the Control of the Cont
MD. 2120 ATH F AN 1.2 AN PM. 3. RET DD. 2 SHOUL		Maryland ATHER'S NAME FIRST	WIOOFE	ntwood	15. MOTHER'S MAIDE	MIDDLE	LAST
ORE,	116a. V	Samuel Harris  VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN)   (IE YES, GIVE V		6b. SOCIAL SECURITY NO		Tilman ADDRES	SS
BALTIMORE, URS AFTER DE B. GIVE PAGES 1 PAGES 1 DIVISION OF	-	no			4James Bri	scoe-husban	d-4516 40th St.
ST., HOL W 18 WAT.		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	ly one couse pervily for DBY: TE CAUSE (o	(a) (b) and (c).)	ander Van	cule dues	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON IN 1754 ALO 17 PER 147 GIE		4029 Conditions, if any, which	14 11	A CONSEQUENCE OF			
KENT REAL		gove rise to immediate couse (a) stating the <u>under</u> lying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF			
2 7 2 2 0		PART 2 OTHER SIGNIFICANT CONDITIONS O	(c)	NAT OCIATED TO THE TERMINAL D	SEE ALE DO CONDITION CHICK IN BA	07.1	
CORD BE EX NDING WEDIC AS A ALTH AATIC	NOI	TAKE 2 OTHER STORM CONDITIONS	DITKING TO DEATH BOT P	NOT ACCUSED TO THE TERMINAL D	SEASE DE CONDITION GIVEN IN PAI	H 1 (0)	
▼ 00±35 ×	IFICAT	190 DATE OF OPERATION	19b. CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
ON OF VIT. THE WORL THE WORL TO THE CI OULD BE U	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		JURY ONTH DAY YEAR	c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM H	18 PART I OR PART 2)
DIVISION THIS CERTIFIC WARTED TO WARDED TO WARDED TO TATE DEPART 1201 PRIOR TO	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF II STREET, FACTORY,		LOCATION STREET	CITY OR TOWN	COUNTY STATE
EXAMINER: The CERTIFICATE, VOLD BE FORW DID BE FORW WITH THE STANDARY ARYLAND, 212		22a I certify that I took charged death resulted from: Natur		ed above, held an A		Undetermined manner	ond in my opinian
CAL EX THE CEI SHOULE SHOULE ATH, W		SIGNATURE SIGNATURE	da for	engag /	M.D. Deputy	MEDICAL EXAMINER	DATE 3-39-81
TO MEDICAL E. PAGE 4 SHOUL PAGE 4 SHOUL PAGE BALL PAGE B		EXAMINER'S NAMA ugust					p Springs Md.20031
4500	23a.E	URIAL CREMATION, REMOVAL 2 SPECIFY) Burial		23c NAME OF CEMPTE 81 Mt Obj	ry or crematory	W LOCATION WAShing	gton, D.C.
BP	24. F	UNERAS DIRECTOR TE FUI			77 250 DATE I	ECD. BY GISTHAR 154 RE	Day Mit Drively
(VR A15 ME (5)) 15M 7/76		4001 Benni			4 GLOUARA	124981	1

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	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1  REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1  REG. NO.	379
A 9 3 5 F	1. DECEASED NAME FIRST RICHARD A, Brown OF ESTI-DEATH MATED W 3.	DAY YEAR 26 HOUR - 16 1981 M
APT, PLEASE DURECTOR DOUR FILES VZ HOUNS ON STREET.	10/2/3	6 1981 AM
O BOTT	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  TO. C. TIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED PLACE GEORGE	
DELANIS 3-FOTHE NIN BYGGE NO BEFILED	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  10 CITY OR TOWN OF DEATH  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORK FOR M	OR INDUSTRY
IE, MD, 21201 AZH. IF ANY DELA SS 1, 2, AND 3-LOT PM 3. RETAIN PA ND 2 SHOULD BEF VITAL RECORDS, 2	USUAL RESIDENCE (IF IN JURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  137. G. LANDCHER  138. STREET ADDRESS  YES P NO B425 BRICHTSEAT	Ro.
5 005550	14 FATHER'S NAME FIRST  LAST  LAST  15. MOTHER'S MAIDEN NAME FIRST  DOKES  MIDDLE  HAWKEN:	S (AST
T., BALTIMORE, MD, 2120 URS AFTER DEATH. IF ANY B. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETA IT. PAGES I AND 2 SHOUL JOINISION OF WILL RECO	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR PHIKNOWN) (IF YES, GIVE WAR OR DATES)  2/3-90-6094 GERALDINE BROWN - 5351 SHO	RIFF LD.
RDS, 201 W. PRESTON ST., EXECUTED WITHIN 24 HOUR ING" IN PENCIL IN ITEM 18. ICAL EXAMINER ALONG W ICAL EXAMINER ALONG W ICAL HAND MENTAL ITEM NSTERWIT. A AND MENTAL ITEM NSTERWIT.	18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a) stating the under-lying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SHOULD BE ORD, "PEND CHIEF AND E USED AS," TO F HEALT!	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOLD AN MODITE DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITIAM )8 PART 1 OR PA	20 AUTOPSY?
DIVISION OF VITAL REC JUNER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "PER F FORWARDED TO THE CHIEF M TTOR: ROCE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD JAND, 21201 PRIOR TO BURIAL, CI	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	YES NO
124AAK	216. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.]  216. INJURY OCCURRED  STREET CITY OR TOWN  CO	DUNTY STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE STI BALLIMORE, MARYLAND, 2	220. I certify that I took charge of the remain described above, held on Autopsy , Inspection , Inquiry , and in my o death resulted fram: Notural causes . Accident , Suicide , Homicide , Undetermined manner , The (SPECIFY)  ACTUAL SIGNATURE AUGUSTO P. ROCK GUELLA M. D. DELLET MEDICAL EXAMINER SIGN  EXAMINER'S NAME US TO P. ROCK GUELLA ADDRESS 500 9 Ray Just Ct., Ca	- 15 5
1/0/0/BP	236 BURIAN CREMATION, REMOVAL 236 DATE 3121/81 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN HARMONY MEGY. HARK PICTURE AND PHICK 24 FUNERAL DIRECTOR 250. DATE OF CEMETERY OR CREMATORY ARK CONTROL OF CONTR	My JOBSTATES
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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

24 FUNERAL DIRECTOR DONALDSON FUNERAL HOME, LAUREL, MD

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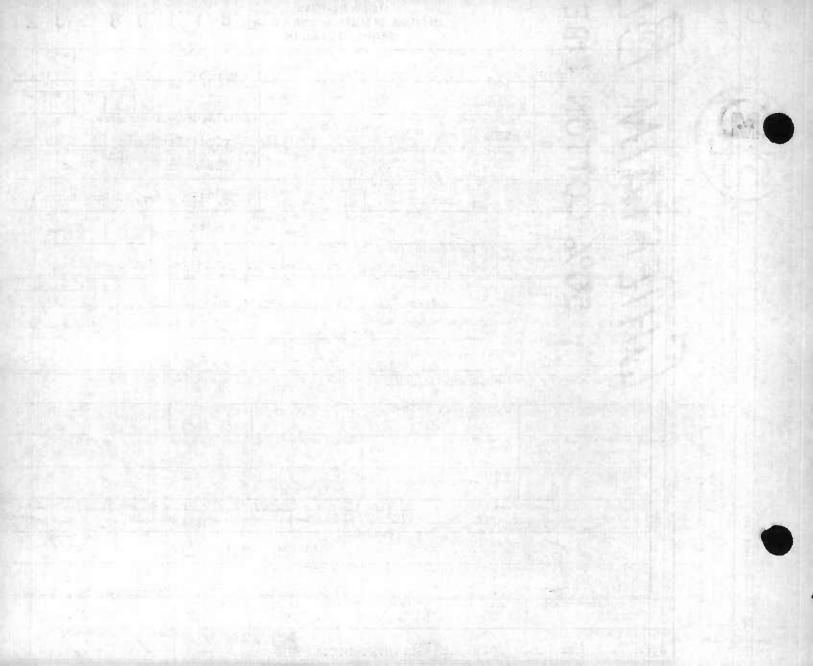
		REGISTRAN					REG. NO	).		
		CEASED NAME FIRST VIRGIN		BRUNNER		AST	20. DATE OF DEATH		81	26 HOUR 11:53 A
	3 SE	× FEMALE	4 RACE WHIT		5. DATE O	0F BIRTH 3-03-22 YEAR	6 AGE (IN YEARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
6	C	IRTHPLACE (STATE OR FOREIGN OUNTRINARYLAND	USA	WHAT COUNTRY?	WIDOW		PRINCE G			MD.
4	LA	UREL, MD.	GREATER	LAUREL B	ELTS	OR OTHER INSTITUTION VILLE HOSPITAL	CREDIT MAN			STORE
6	13a S	AL RESIDENCE (IF NURSING HOME OF STATE MD 136 COUL)	OTHER INSTITUTION. LTY 3	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	910 PARK	VENUE		
6	I4 FA	ATHER'S NAME OLIVER LA	RIMORE	LAST		15 MOTHER'S MAIDEN NAM	RIE SLATER		LAS	57
	16a V	WAS DECEASED EVER IN U.S. AR YES, NOORUNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	219 18 2		SHARON WHITE	ELEY 8429 SI		OAKS	PLACE
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9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING CAUSES	
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26	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH		0	8 3	8 2
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i i	3. SE		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH	DAY} IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
		Male	Black		sep	t 25°, 19°1°0	70	YRS.		A.J.
		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	what count <b>r</b> y?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Prince Geo			MD.
by the lifed with 3		iverdale	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET AND Memor	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Messenger	7		r BUSINESS OR
24 hour filled in language	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Md.	R OTHER INSTITUTION		E ADMISSIONI	136 INSIDE CITY LIMITS?	4536 41st A	ve.,N.	Brent	twood, Ma
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uted w		Richard Butle	MIDOLE	LAST		Mary	Franc	es	Q	ueen
S 5 5		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECL	PRITY NO.	17 INFORMANT	ADDRESS		ME OIL	
s. Pogo		No		219-05-	5243	Mr. Robert	T. Butler/so	n/same		
es that the death certifical ned by the ottending phys please remove corbanapa urial, cremotion, or remova v, or other troumatic event,		PART 2 OTHER SIGNIFICANT	DUE TO, OI  (c)	R AS A CONSEOU	ENCE OF	The part of the pa	Ca of Cot	an GIVEN	3 u	water and peath days veeks
The low requirition.  It has been signist permit. Then giene prior to be shows ony injury.	CERTIFICATION	19g. DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	POb. IF YES, V	VERE FINDIN	IGS USED
ZSOEE		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY I	NITEM 18 PART	I OR PART 2}	
DING PHYSICIA or ottending pl After this certifie os the buriolit oith and Mental marked or Item	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			211. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
TITEN pitol TOR: for us of He		270. I certify that (1) (this have sow the deceased alive o above, (1) (use) (and ) (did n 27b. SIGNATURE	March	24 198	, , ,	that in (my) (cor) opinion of	deoth occurred on the date	ond hour o		
() () () ()		- WW GO	stme	un .		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	N 🗌	-	5-81
TO HOSPITAL retained by the TO FUNERAL Should be deto with the Stote I IMPORTANT; #		W. Eastman	, M.D.			4404 Queens	shury Rd., Ri	verda	le, Md	20840
5 BP	23a. 1	BURIAL, CREMATION, REMOVA	236. DATE 3-28-			EMETERY OR CREMATORY . Mem. Park	23d LOCATION CITY OF TOWNER,	C. Au	Md vivuo	
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26	1-	FOR STATE REGISTRAR		DEPARTMENT O	HEALTH	ARYLAND I AND MENTAL HY CERTIFICATE OI	DEATH	0 8 3	8 3
25 55 55 F.		CEASED NAME FIRST		MIDDLE	7	LAST	20. DATE KNOW OF ESTI- DEATH MATE		YEAR 25 HOUR
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IS NECESSARY, E FUNERALDIR E 5. FOR	We	RTHPLACE (STATE OR REIGH COUNTRY)  ST Virginia  TY OR TOWN OF DEATH	IJ. NAME OF HOS	JSA PITAL, NURSING HO	WIDOW		D   mcl		MD. KIND OF BUSINESS
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ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS IRD. "PENDING" IN PENCIL IN 176M 18. GIVE PAGES 1, 2, AND 3 TO THE FILHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE OF HEALTH AND MEMBRIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED OF HEALTH AND MEMBRIAL HAYGIENE, DIVISION OF WITH RECORDS, 201 RIALL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS	TE CAUSE  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENC  AS A CONSEQUENC  DUT NOT RELATED TO THE TE	E OF		Vascula	1 dies	ETWEN ONIET AND DEATH
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TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		22a I certify that I taak char	ge af the remains do		Autop Suicide	sy , Inspection , Homicide ,  HTLE (SPECIFY) .D. Deputy	Undetermined monner  MEDICAL EXAMINER	ond in my apinion  DATE SIGNED	3-4-81
TO MEDIC EXECUTE PAGE 4 AFTER DE BALTIMO	23a.B	URIAL, CREMATION, REMOVAL	1sto P. Ro	driguez M.		ADDRESS	Rayburn Cour	t, Camp S	prings, Md.
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Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

FOR

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(VR A 15 (4))

STATE OF MARYLAND

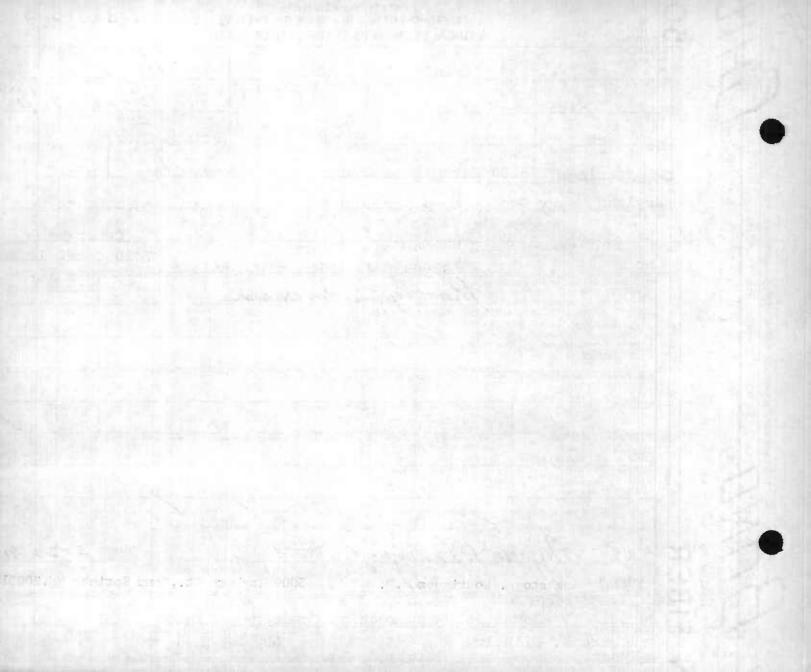
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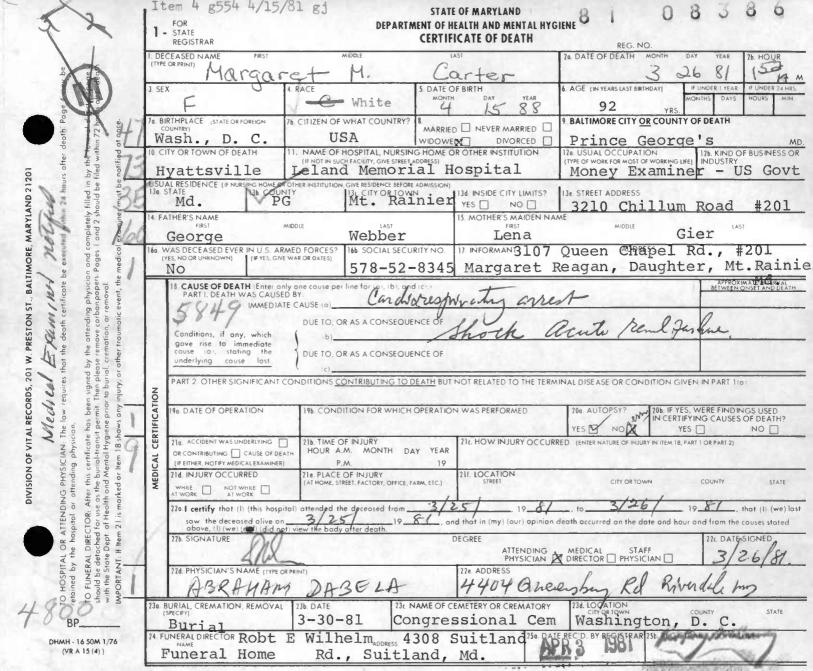
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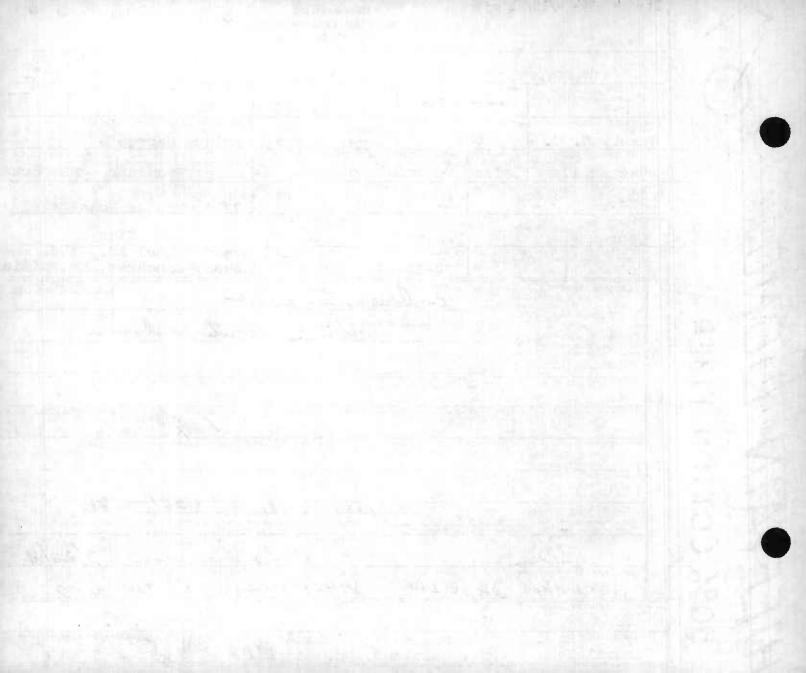
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00	O PAGE OF THE BALL	230.B	URIAL, CREMA	TION, REMOVAL					R CREMATORY		RIOWN		OUNTY	STATE
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		REGISTRAR				ICATE OF DEATH		G. NO.		Y/ATT
		CEASED NAME FIRST E OR PRINT)		MIDDLE	1	AST	20 DATE OF DEAT	Н момін	DAY YEAR	2b. HOUR
y 6 /		ANDREW	(N.M.	I.) CHY	TILO		7.00	03	02 81	6:37F
1	3 SE	X	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN
		Male	White		May	12, 1889	91	YRS.		
-	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8 AAA PDIE	D NEVER MARRIED	9 BALTIMORE CI	Y OR COUNT	Y OF DEATH	
5	Uk	rainian Rep.	U.S.A	•	WIDOWE		PRINCE	GEORGE '	S COUNT	Y
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37		ryland		Chever		13d. INSIDE CITY LIMITS?	3017 Par	kway		
		ATHER'S NAME				15. MOTHER'S MAIDEN NA	WE			
2/	St	ephen	MIDDLE	Chytilo		Betty	MIDE	4.E	Mary	rk
	5.07	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b SOCIAL SEC		17 INFORMANT	Al	DDRESS Ado	dress Sa	
medic		YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	014-26-	9149	Peggy C. Wha	alon	No	# 13e.	
The	-					1 6883 0 111	aren			IMATE INTERVAL
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)								ONSET AND DEAT
or other t		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	RAS A CONSEOL	o 50	LEROTIC	HEART	DISEN	+54-	
uloux, o	No	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION GI	VEN IN PART 110	p .
ouy	CERTIFICATION	19a. DATE OF OPERATION	19b COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	4GS USED
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8 6	E L	210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY	AM MEAS	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18,	PART 1 OR PART 2]	
1	A	OR CONTRIBUTING CAUSE OF DE		M. MONTH D	AY YEAR					
-	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION		OR TOWN	COUNTY	STATE
2	2	WHILE NOT WHILE AT WORK	(AT HOME 5T	REET, FACTORY, OFFICE,	FARM ETC ]	STREET	CII4	JK TOWN	COONT	STATE
		220.1 certify that (I) (this hosp	ital) attended th	ne deceased from .		193	Z to 3 -	- 2	19 8	that ( ) (wa).
-		sow the deceased alive or	3-2	7 19_	81,0	nd that in (my) (our) opinian	deoth accurred an t	he dote and ha		4
8	30	27h SIGNATURE	of) vigue the body	after death.		DEGREE		10.75	22c. DATE	SIGNED
		15an 13 (	Var	. 0- 10.	1	ATTENDING	MEDICAL	STAFF	3-	3-8
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-	+							UEVEL	170	-0 /0.
		BURIAL, CREMATION, REMOVAL		23c.	NAME OF C	EMETERY OR CREMATORY tricks Cemete	23d. LOCATION	N	COUNTY	STATE
-	-	Burial	3-5-81	S	t. Pat	tricks Cemete	ry Fall R:	ver -	Bristol	- Mass
	24. F	UNERAL DIRECTOR		ADDRESS		25a. DA	PECD BY REGIST	RAR 25b. REGIS	TRARIS SIGNATI	URE
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	DECEASED N (TYPE OR PRINT)	ALONIE	FIRST	V	IRGIL		CLAR	K		20.	DATE KNO	OWN A	40NTH 0	DAY YEAR	2b. HOUR
	Male	1. RACE	Ze Mi	ATE OF BIRTH	919	AGE (IN YEA	Y) MONTHS		FUNDER 24	4 HRS. 2c.	DATE ONOUNCED DEAD	3 -	2-8	DAY YEAR	2d HOUR
2000	BIRTHPLACI	ky		U.S.A		!Y?	MARRIE WIDOWE		ER MARRIED		PRINC	CE GEO			MD
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	SUAL RESIDE STATE Maryl	113h	COUNTY Prince	e Geo.	13c CITY O	FORE ADMISSION R TOWN rdale	1	ad. INSIDE (ITY Yes <b>XX</b>		3e. STREET 672]	ADDRESS Oakl	and A	venue		
160	Robe		MI	DDIE	Clari	ST		Ma	rtha	NAME	WIDDLE		Ri	ney	
1 16	60, WAS DECEASED EVER IN U.S. AR. (YES NO, OR UNKNOWN) (IF YES CIVE				166. SOCIAL SECURITY NO. 232 09 5807			Bertha C. Clark				Same as #13 (Wife)			
CREMATION, OR REMOVAL.	lying		NOITIONS CONTI	(c)RIBUTING TO DEATH (	(b)  IE TO, OR AS A CONSEQUENCE OF  (c)  G TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0.					1 (0).					
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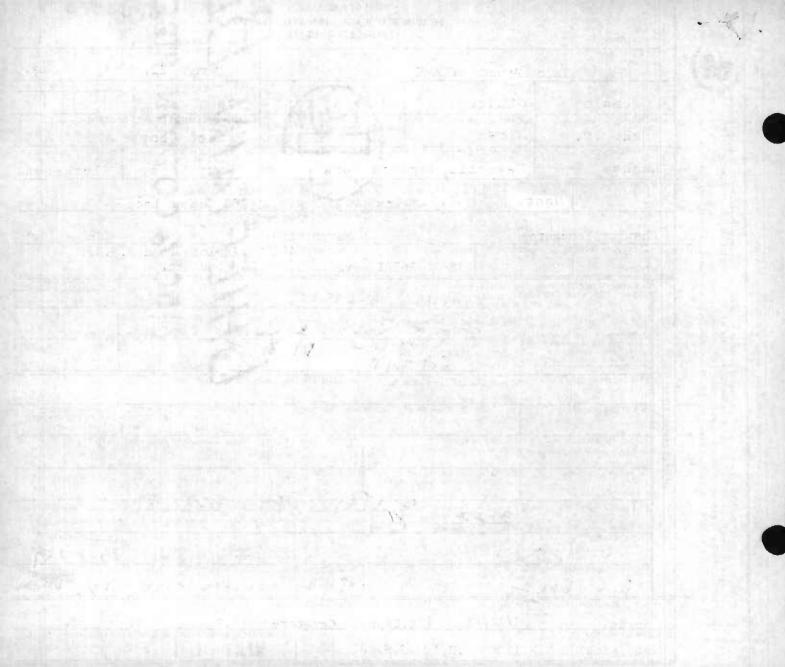
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 1AST 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS Elsie Augusta CLARK 22. 1981 5:04a.m March 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS O 3 Female White 78 To. BIRTHPLACE I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wash. D. C. USA Prince George WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL !" "ING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY PE OF WORK FOR MOST OF WORKING LIFE! Lanham Clerk-Ret. Navy Dept. DOCTO'T'S HOSDITAL

JUSTIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Md. 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS P.G. Berwyn Hghts 6103 Quebec Place 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Charles Feusahrens Schwegler Margaretha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 404 Springloch Road S.S.Md. 166 SOCIAL SECURITY NO LIF YES GIVE WAR OR DATEST Evelyn S. Staples (Daughter) None 218 38 6141 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: BRREGA IMMEDIATE CAUSE (a) CAROUNCE DUE TO, OR AS A CONSEQUENCE OF MERRIO BE LERUTIC C BROWN-Conditions, if any, which gave rise to immediate couse (a), stating underlying cause last ENELIT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 71n ACCIDENT WAS UNDERLYING 716 TIME OF INTURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING should be deto PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME LITTING THE PRINT 22e. ADDRESS MPORT, roman serpor 23a BURIAL CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [SPECIFY] CITY OF TOWN 3/24/81 Burial Ft.Lincoln Cemetery Brentwood ery Brentwood PC. Plus 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md. MARLI (VRA 15, 4)



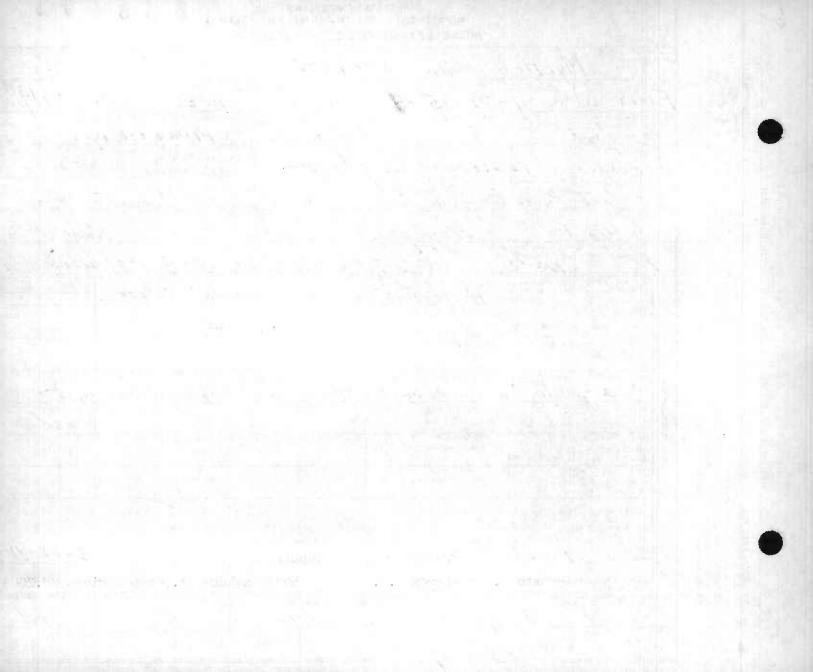
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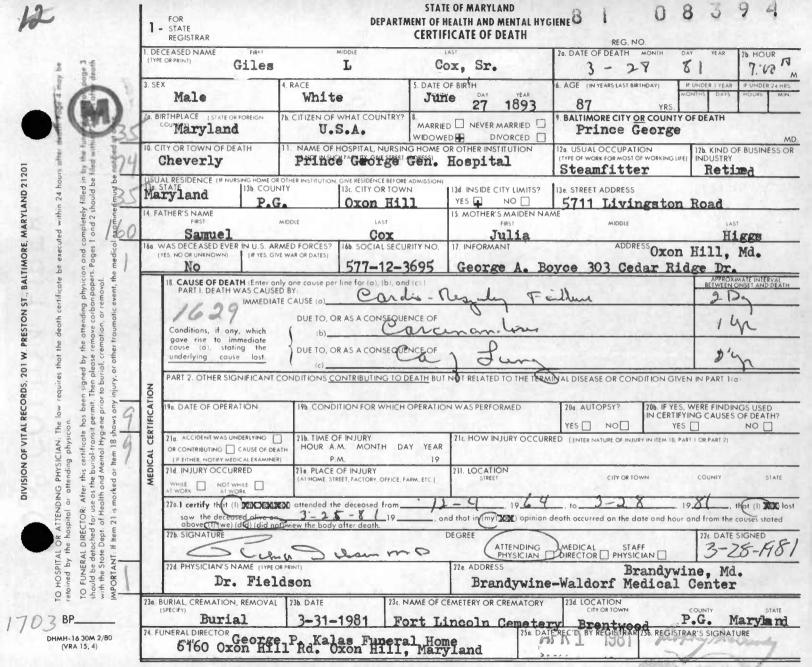
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ST., BALTIMORE, MARYLAND 21201 sittificate be executed within 24 hours a g physician and completely filled in by onpapers. Pages 1 and 2 should be fille removal. event, the medical examiner must be no	5	130 S	aryland	13h COUN		13c. CITY O		13d. INSIDE C	NO 🗌	13e STREET ADD		prise	Roa	d	
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be execution and construction and construction to the construction of the construction			VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	1000	16 8031		- (	k Same	as #		(Husb	and	1)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B ING PHYSICIAN: The low requires that the death certifica r attending physician. (Her this certificate has been signed by the attending phys os the burial-transit permit. Then please remove carbon pain th and Mental Hygiene prior to burial, cremation, or remove orked or them 18 shows any injury, or other traumatic event,		Z	Conditions, if ony, gove rise to imm cause (a), stating underlying couse	which dedicate the last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CON	NSEQUENCE O		TO THE TERM		r condit	ION GIVE	3(	مام	JE INTERVAL SET AND DEATH
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00000		230. B	URIAL, CREMATION, F	REMOVAL	23b. DATE 3/30/8		23c. NAME C	F CEMETERY OR C	REMATORY	S Ave	N OWN		COUNTY		iana state
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PLEASE ETTOR. FHIES. STREET,	3. SE	A RACE S. DATE OF			DEATH MATED	3-18 1981 M
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D C C C C C C C C C C C C C C C C C C C	A USU.	COOKEEK 162  AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTIT	N SUCH FACILITY, GIVE STREET ADDRESS,  WIND, GIVE RESIDENCE BEFORE ADMISS	ne Koad	Housewife	at kime
SATTIMORE, MD. 21201 S AFTER DEATH. FAIN DE GIVE PAGES 1, 2 MED BE THE PAGES 1, 2 MED BE THE ORM PAGES 1, 2 MED 2 SHOULD BE SHOULD SHOU	2 1	narefund Frence Go	130. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13	6 STREET ADDRESS LAND	ingston Road
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E, WA		AT WORK AT WORK		2 IKEE	CITY OR TOWN	COUNTY STATE
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: I, WITH THE S		220 I certify that I taak charge of the remident resulted fram: Natural causes		Autapsy L Inspection L	Undetermined manner ,	d in my apinian
THE CER THE CER THOULD AT DIR E, MAR		ACTUAL SIGNATURE SIGNATURE	Franças	M.D Deputy	MEDICAL EXAMINER	DATE 3-18-81
TO MEDICAL EXAMI EXECUTE THE CETIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH	1	EXAMINER'S NAME AUGUSTO P.	Rodriguez M	ADDRESS 5009 Ra	yburn Ct.,Cam	p Springs Md.2003
130 JBb DEAGE AS	(1	URIAL, CREMATION, BEMOVAL 236. DATE BULLIA 3/2/	/8/ Trinites	Exercise Church	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 17 (V - A15 ME (5))	24 F	UNERAL DIRECTOR  NAME  ALAN 6160 OXSA   2/11	ADDRESS / OXON HIII	250 DATE REC	D BY RECUETHAR 256 REGIS	STRAP'S SIGNATURE
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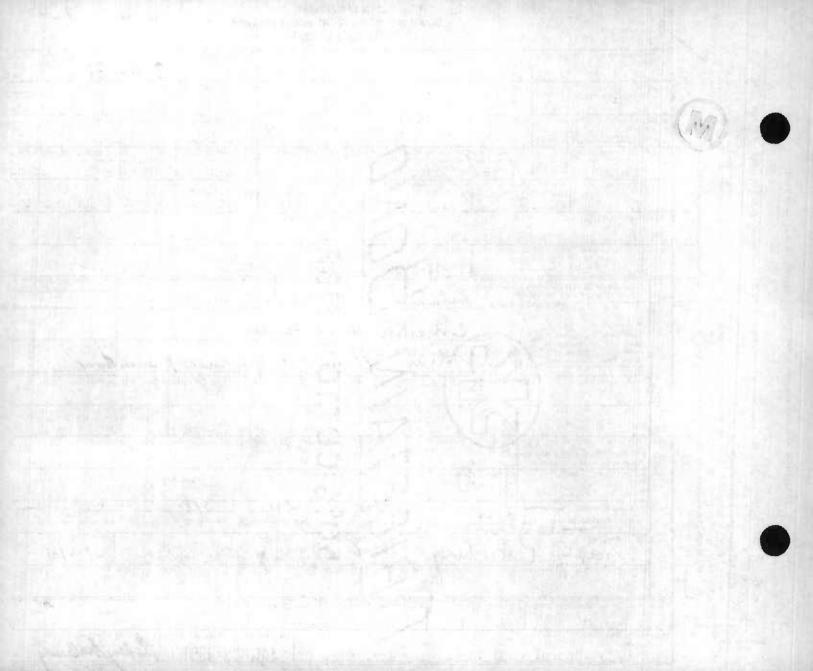
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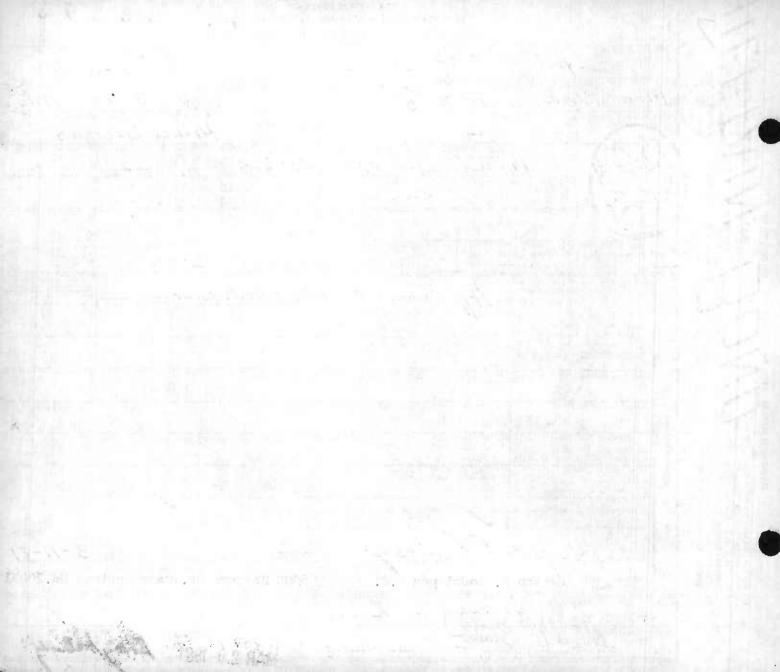
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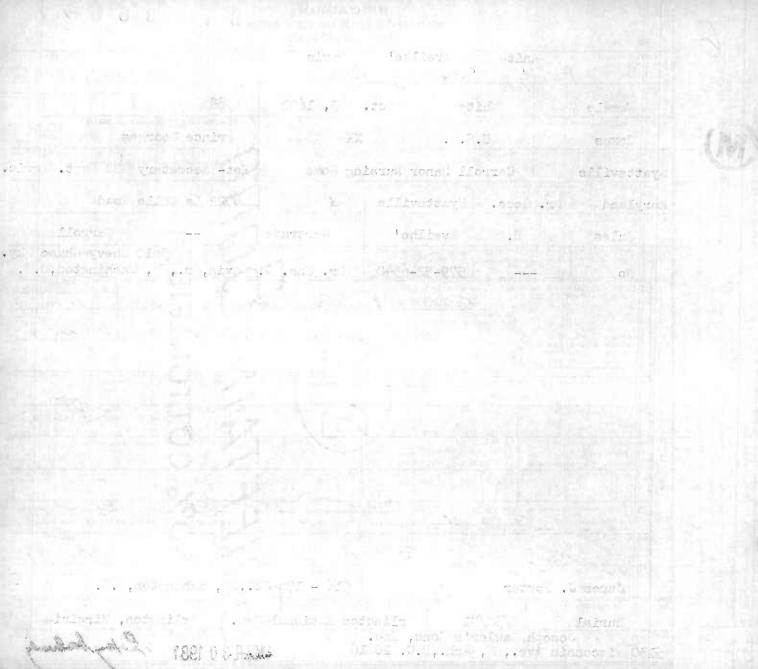
STATE OF MARYLAND
DEPARTMENT OF HEALTH-AND MENTAL HYGIENE

FOR STATE

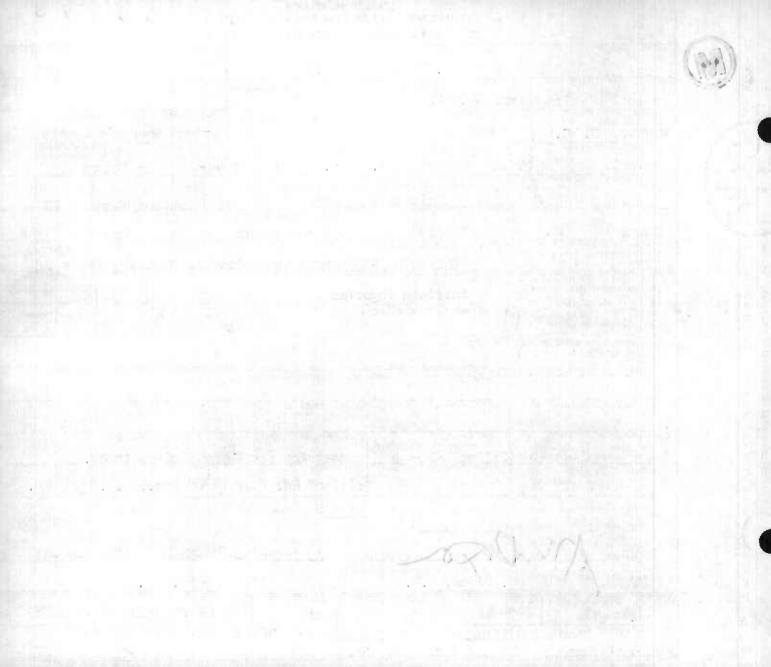


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11	REGISTRAR PECEASED NAME PECEAS	O sbert Creque	LAST Zo.	DATE KNOWN ONTH	20 11001
S NECESSARY, PLEASE E FUNKRAL DIRECTOR. E 5 FOR YOUR FILES. ED, WIHIN 72 HOURS I W. PROSTON STREET.	Male Black 11	H - 18 - 28 5 2 YRS. MONTH	S DAYS HOURS MIN PRO	DATE MONTH ONOUNCED 3-11	19 81 108 M
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AND SHOULD SHOUL	dirginia list county	13c CITY OR TOWN	YEX NO 0 501		
10680	FATHER'S NAME FIRST  Cyril	Creque	Marvlin	Une	
18. GIVE PA WITH FOR AIT. PAGES I E, DIVISION		102-22-1562			<u> </u>
HOULD BE EXECUTED WITHIN 24 HOURS RD. "FENDING" IN PENCIL IN ITEM 18. G HIEF MEDICAL EXAMINER ALONG WI USED AS A BURIAL - IRANSIT PERMIT P OF HEALTH AND MENTAL HYGIENE, DIN RIAL, CREMATION, OR REMOVAL.	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	(b)			
ARNT OF HEALTH O BURIAL, CREA	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION W	AS PERFORMED?		
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TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	220. I certify that I taak charge of the death resulted fram: Natural cause ACTUAL SIGNATURE CLIPHOTO TEXAMINER'S NAME AUGUSTO TYPE OR PRINT)	Accident , Suicide , Manager M	Homicide Undeterm	DATE SIGNED.	3-11-81
24 8 73a	BURIAL CREMATION, REMOVAL 73b. DATE (SPECIFY)  Cremation 37		R CREMATORY 23d LOCA CITY OR T	TION COUNTY Shington,	D.C. STATE
17	FUNERAL DIRECTOR OF LANDING HOUSE	Sruccks ome. Alexandria Virgi		8.4	NATURE





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	S NECESSARY PLEASE FUNERAL DIRECTOR. E-S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	3. SE	4.	RACE Black	5. DATE OF BIRTH DAY 7-17-25	L 6. AGE (IN Y	MONTHS	DER I YR. IF UNDE	R 24 HRS. 2c. D	ATH MATED DATE OUNCED	MONTH DAY	20 100
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21201	AND 3	13e. S		13b COUNTY Prince	TV	13c CITY OR TOWN	1	THESE CITY LIMITS?	13e STREET AD			
DRE, MD.	R DEATH. IF	I	ATHER'S NAME FIRST Oggie		WIDDLE	£AST				MIDDLE		LAST
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RECORDS, 201 W. PRESTON ST.	EXAMNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR LORGE, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1, WITH THE STATE PERMITMENT OF HEALTH AND MENTAL HYGIENE, DIVISION MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.	N.	Conditions, gave rise couse (o) st lying couse	if any, which to immediate ating the under-	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	OF	DR CONDITION GIVEN IN I	did va	recila	dist	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
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DIVISION	WRITING 1 WARDED TO PAGE 3 SHC STATE DEPAR 21201 PRIO	MED	WHILE AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCA		CITY C	OR TOWN	COUNTY	STATE
•	ICAL EXAMINER: THE CERTIFICATE SHOULD BE FORE ERAL DIRECTOR: EATH, WITH THE S ORE, MARYLAND,		220 I certify of death resulted IACTUAL SIGNATURE		e of the remoins dest	Fribed obove, held on Accident . S	Autopsy	Hamicide	Undetermine	d manner .	DATE SIGNED	3-3-81
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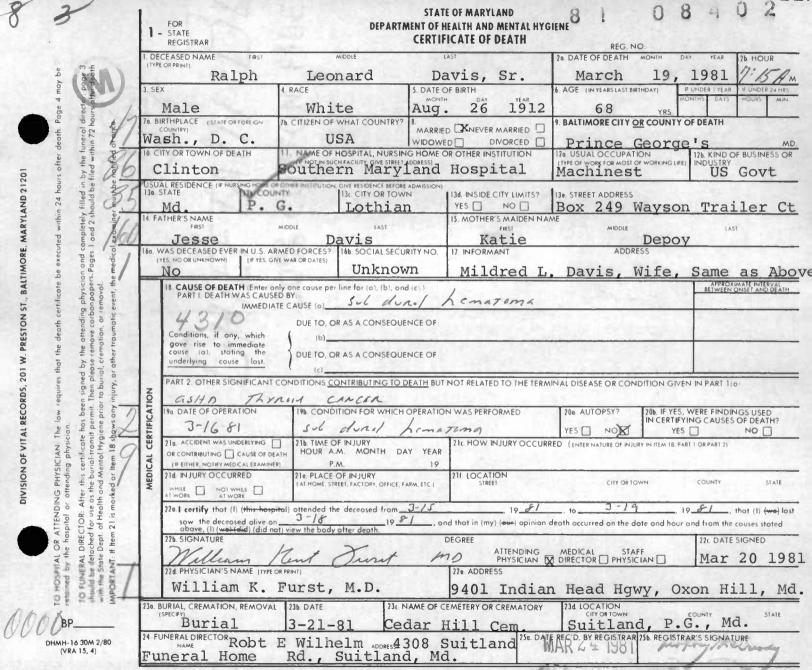
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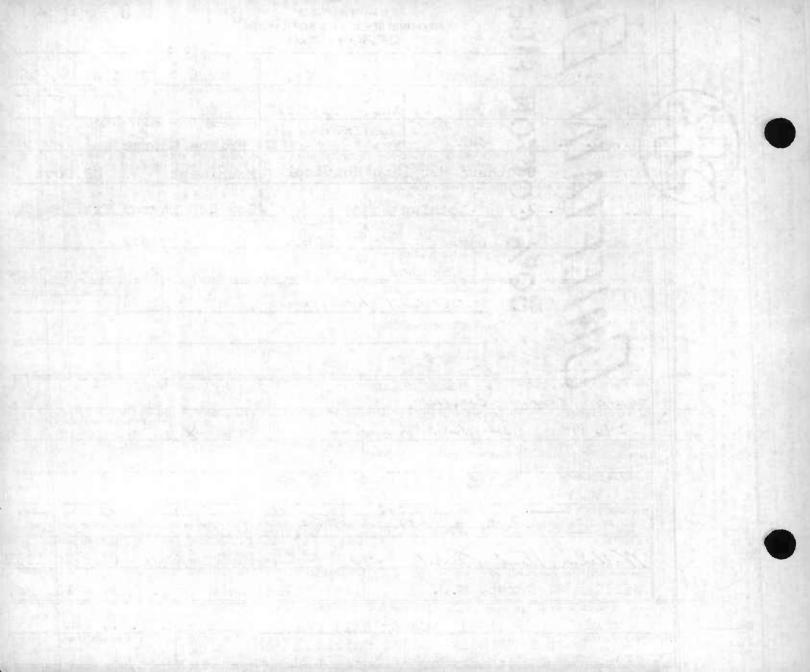
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12 1	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIESE 1 0 8	0 1
	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  I. DECEASED NAME  FIRST  MIDDLE  LAST.  20. DATE KNOWN  MONTH D.  CE CETTERINITY  AND CETTERINITY  AND CETTERINITY  AND CETTERINITY  AND CETTERINITY  AND CETTERINITY  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	
(N)	Male white 5. Date of Birth Month Day, YEAR JAST BIRTHDAY, JAST BI	198/ M AY YEAR 2d HOUR 198/1043
Toleran Market		OF DEATH MD.
**************************************	Cheverly Prince Georges Hospital For MOST OF WORKING LIFE)  Volunteer Peace	Corps
100 MAN 100 MA	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)   136 STATE   138 COUNTY   138 COUNTY   139 COUNTY   139 COUNTY   130 CUTY OR TOWN   130 CUTY OR TOWN   130 CUTY LIMITS?   12 STREET ADDRESS   12 105 Forge Lane	
19/4 MD	Hugh Davis 15. MOTHER'S MAIDEN NAME HIST Honoria Duff	·
LITIMOR LITIMOR INC PAG CES 1 BRON O	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. ORUNKNOWN) (IF YES, GIVE WAR OR DATES)  UNKNOWN  17. INFORMANT  ROBERT A. Davis, 12105 Forg	wie e La., Md.
EXECUTED WITHIN 24 HOLINGS IN THE	18 CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o) stating the under- lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or	between onset and death
ON OF VITAL RECO	210 EXTERNAL CAUSE WAS UNDERLYING OR OF DEATH OF MONTH DAY 1210 MO	0. AUTOPSY?  YES NO P
DIVISION THIS CERT WARDED WAS 3 SHORT OF A STATE CHANNEL TO STATE CHANNEL THOUGH A STATE CHANNEL CHANN	21d. INJURY OCCURRED WHILE AT WORK AT WORK  21e. PLACE OF INJURY (AT HOME. STREET  10. DCATION STREET  10. DCATION STREET  10. CITY OR TOWN P.G.	
DICAL EXAMINER TE THE CEFFECAT A SHOULD BE YOU DEATH WITH THE OHE, MARYLAND.	SIGNATURE COMMENTAL EXAMINER SIGNED	3-29-81
PO MEDICAL DECUTE THE PAGE 4 SHO PAGE 4 SHOUREAN NETER DEATH SHEER DEATH	EXAMINER'S NAME AGGUSTO P. Rodrig ez 1/D. 5009 Rayburn Ct., Camp Spring Address.  230. BURIAL CREMATION, REMOVAL 230. DATE 1230. NAME OF CEMETERY OR CREMATORY 1230. LOCATION Resurrection Cemetery Clinton, Mary 1	
DHAM - 17 /VR A15 ME (33) 1 SA 7/76	24 FUNERAL DIRECTO Beall Funeral Home 12. 125 REGISTIVAR'S SIGN	NATURE

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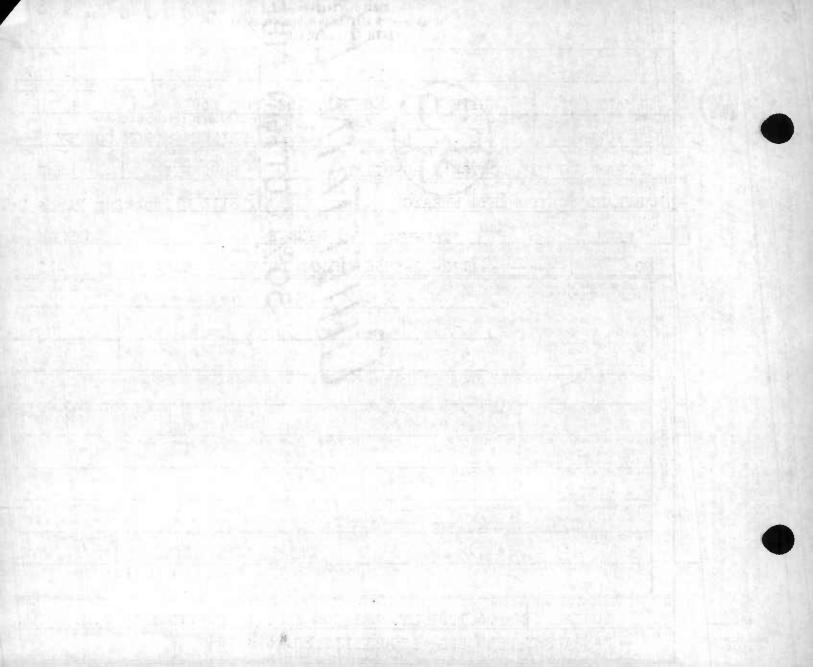
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FOR

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) :22 1981 DeMarr Frank Everett March 3 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS White July 2, 1909 Male BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U. S. A. Maryland Prince George's WIDOWED DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Md. State Roads Comm. Prince Geo's Gen. Hospital Truck Driver Cheverly USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Pr.Geo's Upper Marlboro 113d. INSIDE CITY LIMITS? Maple Shade Lane Maryland YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Essie DeMarr Kinnaman Harry 12805 10th St. ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Unk OR UNKNOWN Mr. William H. DeMarr-Bowie, Md. 20715 18 CAUSE OF DEATH (Enter only one come pog alunne PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course (D), shoting DUE TO, OR AS A CONSEQUENCE OF underlying course lost PART 2 OTHER SIGNIFICANT COMD INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIES DIVISION OF VITAL RECORDS, Mb. IF YES, WERE PINDINGS USED 70n AUTOPSYT NO F ACCRETED WAS UNDERLYING HOW INJURY OCCURRED [ENTER HATURE OF PHILIPPIN FEMARE I OF PART I OF PART I OF CONTRIBUTING THE STEATH HOUR A.M. MONTH TH LOCATION TIE PLACE OF INJURY CITY OR TOWN EQUINTY. STATE AT HOME, LITERET, FACTORY, OFFICE, FARM, ETC.) 22s.1 certify that (I) (this hospital) attended a and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Th. DATE SIGNED DEGREE 3/4/81 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 72+ ADDRESS 日中 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 3/6/81 Leeland (Pr.Geo's) Md. Burial St.Barnabas Cem. Coleman -Upper Marlboro DHMH-16 30M 2/80 (VRA 15, 4) Funeral Home

1 1 6:22 C LARGE THE e: 1) 19 .1 .6 . Danie and the second society . Prof. phage ravie Hourt | I the on the sines comist. | Thursday muterall -- old condition -- old conditi 3/4/81 District 3/5/21 Tat. September 188. 188. 188. 188. 188. possession 1881 16 feet 10,000 feet gentle and to the feet of the second second

Wash. D.C.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN DO MONTH YEAR DAY LTYPE OR PRINTI OF 3 DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY 18 RONOUNCED DODA 78. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY BALLIMORE CITY OF COUNTY OF DEATH MARRIED TH NEVER MARRIED FOREIGN COUNTRY Va. U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Doctor's Hospi Retired OR INDUSTRY Lanham Hospital D.C. Gov't. OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13n STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS REC Washington 2501 25th St., D.C. YES T NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Stanley Deskins Jessie Sleep 9 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES 577-36-3456 No Juanita Deskins-Same as # 13 above 18 CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) Fur pelevatio cardis Vascular desea BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) USED AS A EOF HEALTH CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL YES 3 SHOULD BE L 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE 21201 TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autapsy Inspection and in my apinian death resulted fram: Natural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Court, Camp Springs, Md. Augusto P. Rodriguez M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE 3-12-81 Burial Lincoln Mem. Suitland 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE S. WASHINGTON + SONS 4925 BURROUGHS AIR N. = **DHMH-17** (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

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IFIED  IFIED  on popers. Pages removal.	e media		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	579-28-	4307	Carmelita	a H.			13e.	IMATE INTERVAL ONSET AND DEATH
AL RECORDS, 201 W. PRESTON S CAL EXAMINER NOT The law requires that the death ce tion. The beautiful the please remove carbo the permit. Then please remove carbo the permit of buriol, cremation, acres	injury, ar other traumatic	NO	Conditions, if ony, gove rise to imme couse (a), storing underlying couse	the lost.	(b)	R AS A CONSEO	UENCE OF	NOT RELATED TO TH	HE TERMII	NAL DISEASE OR CON	DITION GIVE	EN IN PART III	9
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2500°			BURIAL, CREMATION, RI (SPECIFY) Burial	EMOVAL	23b. DATE 4-1-8			EMETERY OR CREMA	tery	Brentwoo		P.G. M	arylähd
DHMH-16 30M 2/80 (VRA 15, 4)	)	24 F	JNERAL DIRECTOR Gasch's S	ons	F.H. P.	A. Hyatt	sville		AP	REC'D. BY REGISTRAR PR 3 1981	25b. REC	Kray Me	Bready

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for, po	3. SE	× Male	4. RACE Whit		5 DATE O			YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. 5.
	7a. B	IRTHPLACE (STATE OR FOREIGN		what country?	MARRIE WIDOWS	D NEVER MARRIED	Pr	ORE CITY OR COUN	
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rely filled in 2 should be should be in inerfaust b		ALRESIDENCE (IF NURSING HOME STATE NO CO (aryland P.	OR OTHER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMIT YES # NO []	S? 13e. STREE 931	6 Cherry I	Road
cuted within completely s 1 and 2 st	14. F	Edward	MIDDLE	Dixon		15. MOTHER'S MAIDE		WIDOLE	Moore
Baltimore, Maryland core be executed within 24 ysicion and campletely fille opers. Pages 1 and 2 shauld wal.		WAS DECEASED EVER IN U.S., (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	577-03-6		Mary Dixo	n (Wife)	As in I	tem 13a
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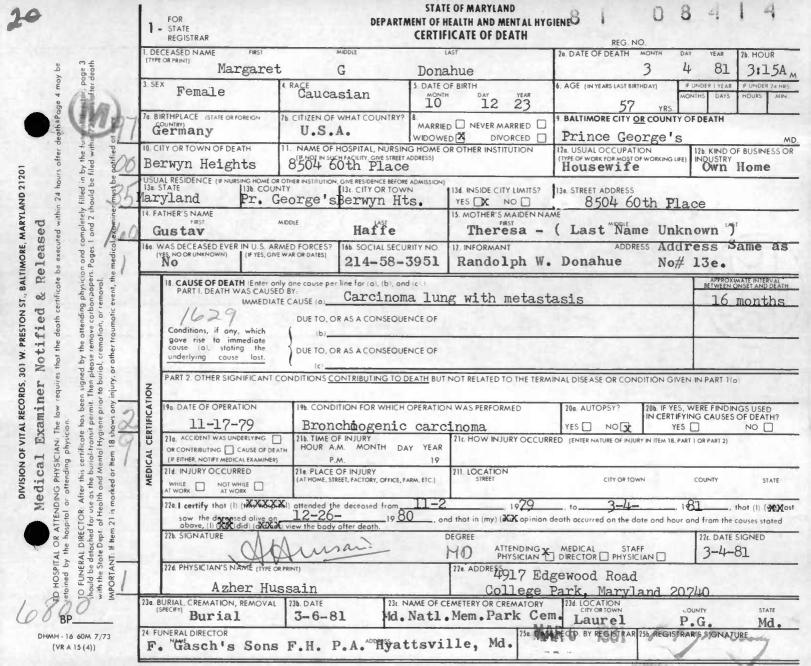
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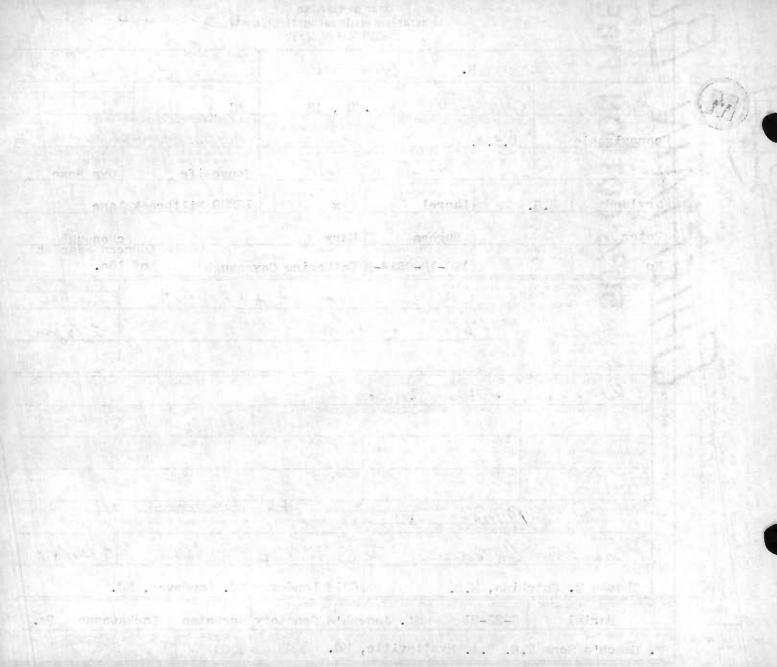
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William File	1	Male Black	5. DATE OF BIRTH	YEAR LAST BURTH	DAY) MONTH	DER 1 YR. IF UNDER	24 HRS. 2t. DATE MIN PRONOUNCED	3-7 1981 A M			
S S S S S S S S S S S S S S S S S S S	MA	IRTHPLACE (STATE OR DREIGN COUNTRY) ARYLAND	76. CITIZEN OF W	١.	WIDOW		ED XX	OR COUNTY OF DEATH  CHE OVGES  MD.			
\$ 10 mg/4		ITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOM UNTY STHOSPE	TAL.	er institution	120 USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY			
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BALTIMORE, MD. 21201 RS ATTER DEATH IF ANY S. GIVE PAGES 1, 2, AND WITH FORM PM, 3, RETA I. PAGES 1 AND 2 SHOUL DIVISION O'S VITAL REGO	160. V	MAS DECEASED EVER IN U.S. ARA	MED FORCES?	218-32-8	185	WILLIAM	DORSEY 1913 Ch	namplain Dr. Severn, Marylan			
CORDS, 201 W. PRESTON ST., BE EXECUTED WITHIN 24 HOUNDING" IN PENCIL IN ITEM 18 EDICAL EXAMINER ALONG V.S. A BURIAL-TRANSIT PERMITTH AND MENTAL INFIGURE. REMATION, OR REMOVAL.		Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .  PART 2 DTHH SIGNIFICANT CONDITIONS	(b)	R AS A CONSEQUENCE	OF OF		Varauloy de				
₩ 0±5440 —	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPE	RATION W	'AS PERFORMED?		20 AUTOPSY?			
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DIVISE THIS CERT WARDED PAGE 3 SE TATE DEP	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TO WN	COUNTY STATE			
MEDICAL EXAMINER: CUTE THE CERTIFICATE 3E 4 SHOULD BE FORK FENDERAL DIRECTOR: FENDERAL MINT THE 5		22a. I certify that I took charg death resulted from Mature ACTUAL SKINATURE EXAMINER'S NAME (TYPE OR PRINT)	ants for	Endrywy Rodriguez	Autopuicide M	Inspection  Homicide  ADDRESS 5079/L	Undetermined manner  MEDICAL EXAMINER	DATE 3-7-81 SIGNED 3-7-81			
0 10 Bb 5 3 4 5 4 8 —	23o.B	URIAL CREMATION, REMOVAL 2	3-12-198	1 MOSES C	METE	R CREMATORY	DRURY	COUNTY MARYLAND			
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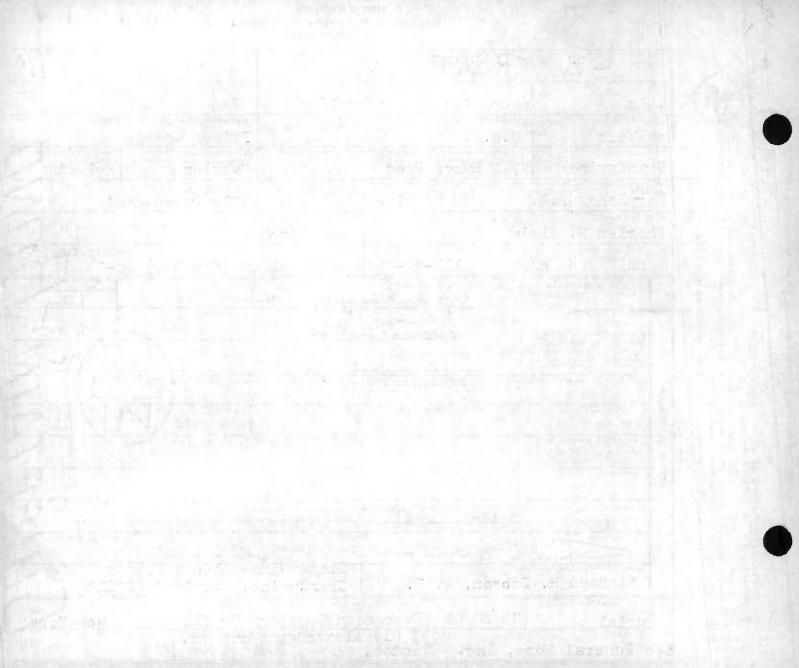
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STATE OF MARYLAND



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MPORTANT

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70 BIRTHPLACE ISTATE OR FOREIGN

Washington, D.C.

10 CITY OR TOWN OF DEATH

Maryland

4 FATHER'S NAME

Eleanor

4. RACE

Pr.George

MARYLAND TH AND MENTAL HYGIEN ATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH DAY YEAR 7h HOLIR 1981 6:15a A Evans March 27. 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAYS Feb. 28, 1908 73

C.

200 AUTOPSY?

White 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States WIDOWED X DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Crofton Convalescent Center Crofton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 1313, CITY OR TOWN

H.

138 INSIDE CITY LIMITS? 13c. CITY OR TOWN

Crofton

YES TX NO [ 15 MOTHER'S MAIDEN NAME Mabel

1708-Tarleton Way

Baxter

176 KIND OF BUSINESS OR

N.C.H.A.

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

STATE

Prince George

TYPE OF WORK FOR MOST OF WORKING LIFE)

Purchasing Manager

Harding Benjamin Lee ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 578-44-5360 Lynne E. Willis (Daughter) Same as #13

18 CAUSE OF DEATH Enter OF	ily one couse per line for [g], (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE IMMEDIA	recause 10: Metastie Cancer to Live	SCIWETN ONSEL AND DEATH
Conditions, if ony, which	Due to, or as a consequence of colon	
gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

						IN CERTIFYING CAU	SES OF DEATH?
				YES 🗌	NO 🔀	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21s. HOW INJURY OCCURRE	D (ENTER N	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE

22a. L certify that (I) (this hospital) attended the deceased from

March

CITY OR TOWN

sow the deceased alive on March and that in (my) (exel opinion death occurred on the date and hour and from the causes stated et view the body offer death 27h SHONATURE DEGREE 226 DATE SIGNED ATTENDING MEDICAL

THE PHYSICIAN'S NAME LIVE OF PRINTS

Te. ADDRESS

211 LOCATION

Washington, D.C.

PHYSICIAN DIRECTOR PHYSICIAN

Davidsonville Road, Crofton, Maryland H.L. Muncie, Jr., MD 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY

March

Cremation DHMH - 16 50M 1/76

CERTIFICATION

MEDICAL

90 DATE OF OPERATION

Marc.30,1981 Lee's Crematory J. Wm. Lee's Sons Co.300-4th St., NE, Wash., D.C. 2002



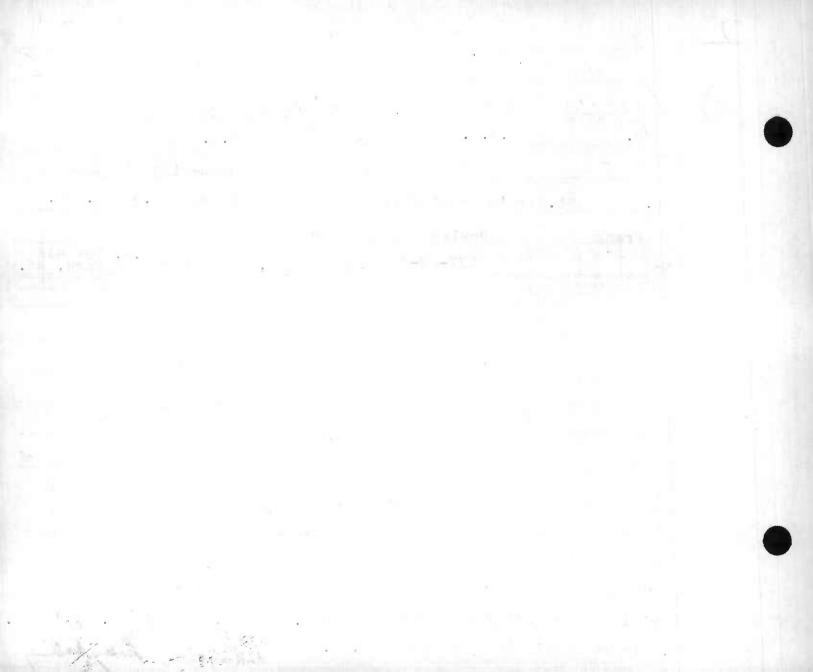
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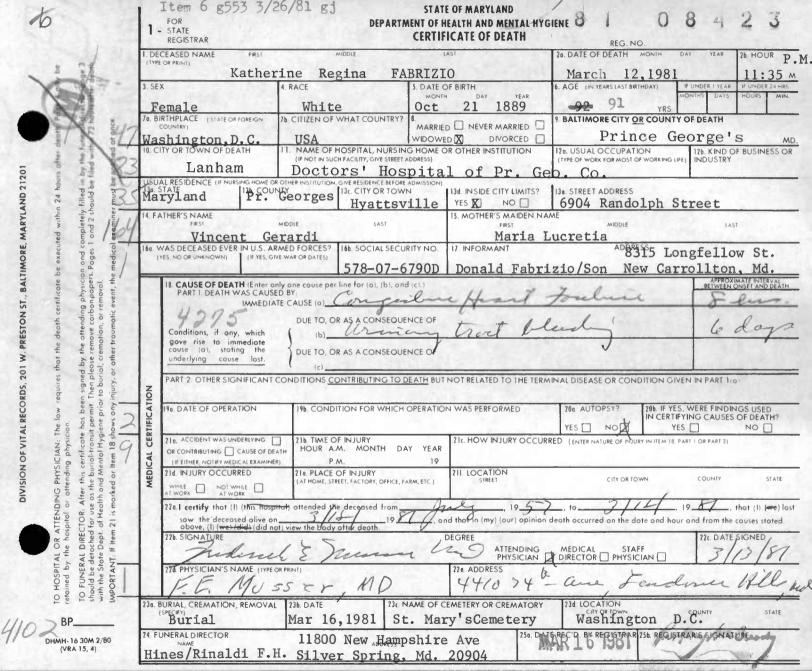
STATE OF MARYLAND



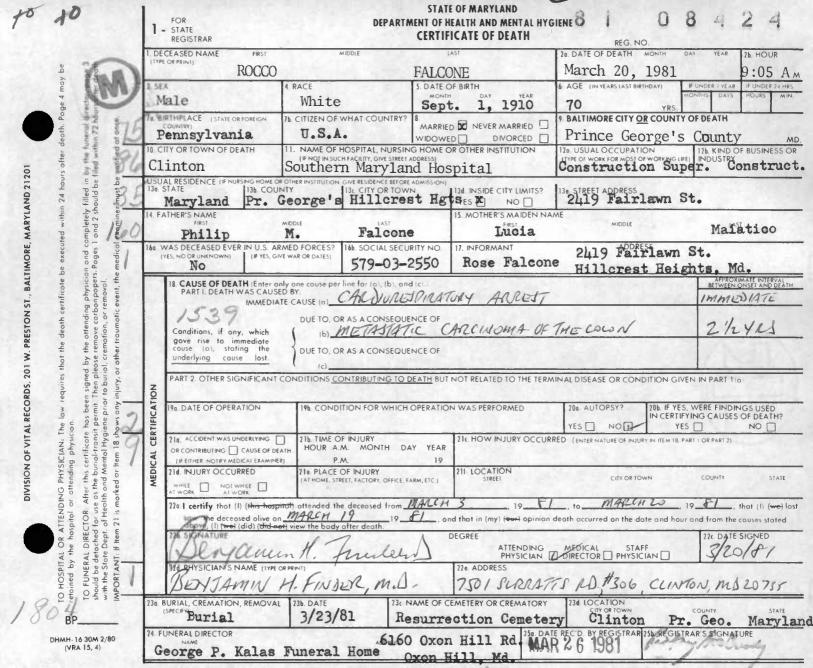
1	item 17 FOR 15 REGISTRAR	#G556 6/	DE	STAT PARTMENT OF H CAL EXAMINI				(	8 0	4 2	2
	DECEASED NAME (TYPE OR PRINT)	OL I VER		W.	EVAN		2e. DAT	REG. E KNOWN ESTI- TH MATED		DAY YEAR 9 19 81	26 HOUR
70 70	male a. BIRTHPLACE (STAT FOREIGN COUNTRY)	negro F	eb. 14. CITIZEN OF WHA	YEAR 6. AGE (IN YEAR LAST BIRTHDAY 1895 86 YR:	S IF UNDER 1	YR. IF UNDER	PRONO DE	IMORE CIT	MONTH  3 YOR COUNT George!	9 19 81 TY OF DEATH	24. HOUR 9:51 a M
874	Cheverly	Pi	rince Geo	TAL, NURSING HOME, ITY, GIVE STREET ADDRESS) OF GE S GEN. RESIDENCE BEFORE ADMISSIO	Hosp.	(DOA)	FOR MOST OF W	VORKING LIFE)	(TYPE OF WORK	OR INDUSTE	SINESS RY
35	Md.	13b. COUNTY P. G.		136. CITY OR IOWN	ant YES		6810	Seat			•
60	Villia			Evans	C	other's maide arolin		MIDDLE	41	rankley Inknown	<b>}</b>
1 16	60. WAS DECEASED B (YES. NO, OR UNKNOWN Yes	(IF YES, GIVE WARD  EATH (Enter only on	DR DATES)	Unknown		FORMANT	Dorothy 1661e-	7878	Tribb! Sheri	ff Rd.	, MD.
W), 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	S G Canditions, gave rise cause (a) st lying cause		(b) DUE TO, OR AS	Smoke inha 5 A CONSEQUENCE O 5 A CONSEQUENCE O	F	IOITION GIVEN IN PA	RY 1 (σ).				
	190. DATE OF O	PERATION	196. CONDITIO	N FOR WHICH OPERA	TION WAS PE	RFORMED?			413 41	20 AUTOPSY?	но 🗆
	UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE	CAUSE OF DEAT	H 8:14 XX 21e PLACE OF STREET, FACTOR	MONTH DAY YEAR 3-9- 19 81	Hous 21f. LOCATIO STREET	se fire.	city or	TOWN	co		STATE
5	220 I certify death resulted ACTUAL SEGNATURE EXAMINER'S N	MAD AND	A A	ccident 📈, Suic	TIT		Undetermined  TMEDICALEX	manner	OND IN MY OF , DATE SIGNE	7 0 0	31
W. C. Street, Square, or other party of the last of th				a 11aU a				J 1 a			
2 23	(TYPE OR PRINT 30.BURIAL, CREMATIC (SPECHY)  Buri	DN, REMOVAL 236. D		23c NAME OF CEM		MATORY	23d. LOCATION CITY OR TOWN		coul	NTY ST	ATE

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I S William Committee and the Superior Plant Park Committee and the Committee and th



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Huriel 3/23/81 Kessurmestion Wasterpry William. St. Ho. Kerniand Veorge F. Fills Ro. Webrel Home Descriptions

33	Item #5 Film G553 3/24/81 1-state REGISTRAR MI	STATE OF DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGIENE CERTIFICATE OF DEATH REG	0 8 4 2 5
CASE URS SET,		). Farrall		W3-10 1981 M
SARY, PLEASE POPECTOR JODE FILES JOY HOURS STON STREET	Male White WILLIAM DAY	YEAR 6. AGE (IN YEARS IF UI LAST BIRTHDAY) MON' YHAT COUNTRY?  B HADDEN	DEME	MONTH DAY YEAR 124 HOUR  3 - 0 19 8/ 2/5 M  Y OR COUNTY OF DEATH
SA SEE	Bowie Maryland U.S.	A. WIDOV	RIED NEVER MARRIED	
FLAV S TO THE S S 7 ML V	Laurel	OSPITAL, NURSING HOME, OR OTH FACILITY, GIVE STREET ADDRESS) TER LAUREL BELTS	HER INSTITUTION 128. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
F ANY DELA F AND 3 TO 3. RETAINS SHOULDER V PECCEDS.	USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, () 130. STATE	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIBECTIVE LIMITS? 13e STOFF BOREPHUI	Worker
MACRE, MD. PAGES 1. 2. CORM. PM 3. SEI AND 2.8 ON OFAITAIL	Charles B. Farrall	LAST	15. MOTHER'S MAIDEN NAME ETizabeth Lord	LAST
RS ATTER I I GIVE PAC MITH FORM PAGES I	160, WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES DO ORUNKNOWN)  (IF YES, ONE MAP DATES)	166. SOCIAL SECURITY NO. 577-16-7699	Lucy A. Farrall	Same as #13
201 W. PRESTON ST. UTED WITHIN 24 HOU IN PENCIL IN ITEM 16 EXAMINER ALCING ILLAL-TRANSIT PERMIT ON, OR REMOVAL.	Canditions, if any, which gave rise to immediate couse (a) stoting the underlying couse last.  (c)  PART 2 OINER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEAT	R AS A CONSEQUENCE OF		BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, MINER: THIS CERTIFICATE SHOULD BE EXECTIONE, WRITING THE WORD "FENDING" F. FORWARDED TO THE CHIEF MEDICAL FTOR: PAGE 3 SHOULD BE USED AS A BURAT IN THE STATE DEPARTMENT OF HALLTH AND LAND, 21201 PRIOR TO BURIAL, CREMATIC	196 DATE OF OWN ATION 196 COND	HON FOR WHICH OPERATION V	VAS PERFORMED?	20 AUTOPSY? YES \( \text{NO } \( \text{L} \)
SION OF STIFICATE OF THE SHOULD B PARTMEN	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	M. MONTH DAY YEAR M. 19	OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
DIVE E, WRITIN E, WRITIN E, WRITIN PAGE 3: STATE DE	AT WORK AT WORK	CTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
WEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMED BECUNEAL DIRECTOR REPORTH, WITH TIMORE, MARY	22a. I certify that I took charge of the remains de death resulted from: Notural couses , , , , , , , , , , , , , , , , , ,	Accident , Suicide N	Inspection	DATE 3-10-81  DATE SIGNED 3-10-81  DATE SIGNED Md. 2003
02 OB PAGE -	236.BURIAL, CREMATION, REMOVAL 236. DATE Cremation 3/12/8	1234 NAME OF CEMETERY	or CREMATORY 23d LOCATION CITY OR TOWN Washingto	COUNTY STATE
DHMH-17 (VR A15 ME (5)) 15M 2/80	73 FUNERAL DIRECTOR Lee Funeral 633 MEOID Alexander Fer	ry Rd. Trinton	126 - DATE BESTO BY DECISED IN 1261 OF	EGISTRAP'S SIGNATURE

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A. Pumphrey Funeral Homes, P.A.

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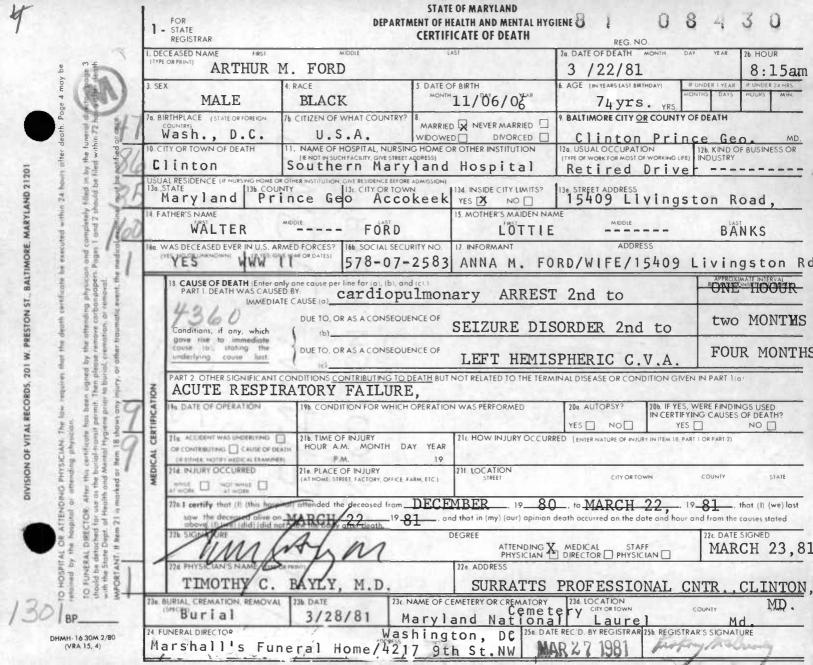


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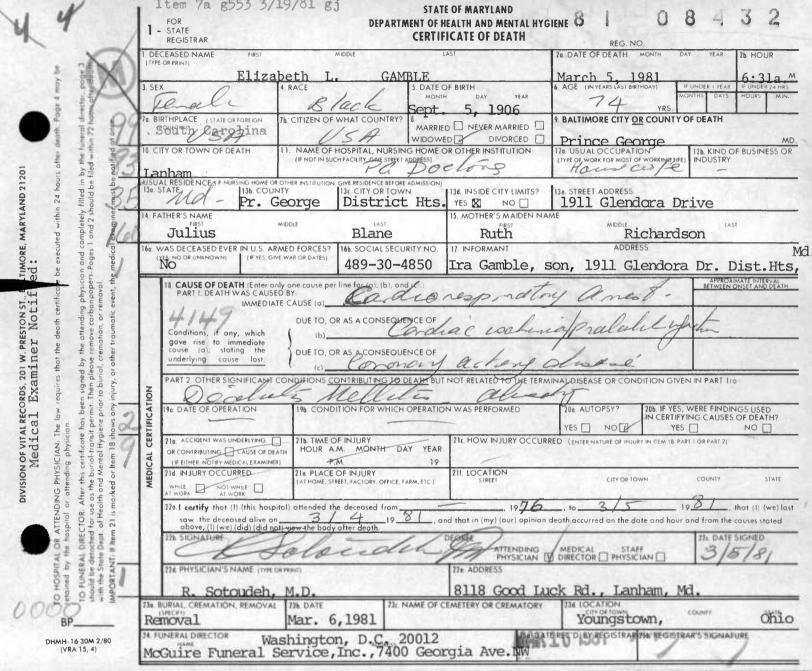


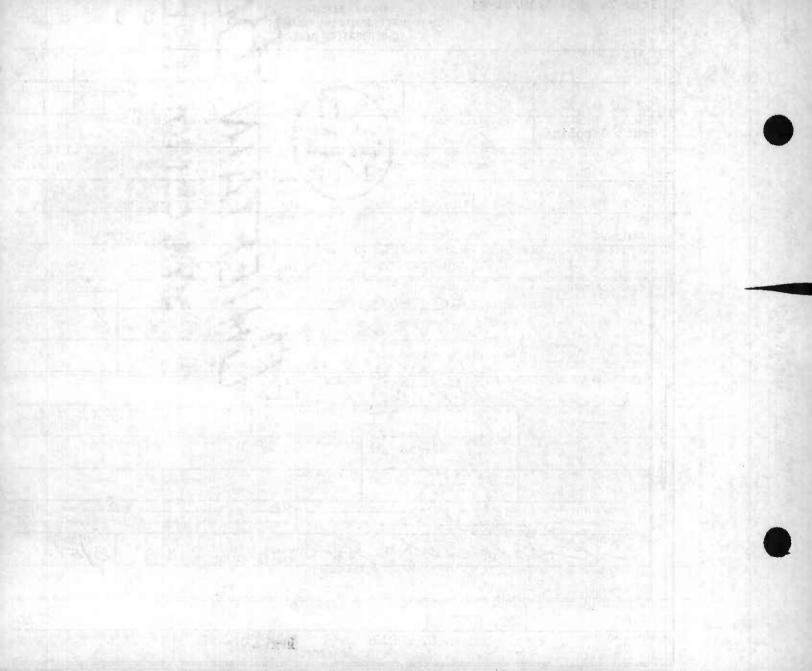
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME KNOWN March O. DATE (TYPE OR PRINT) ESTIames DEATH MATED IF UNDER 24 HRS PRONOUNCED March 243H9U 08 DEAD 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY WIDOWED [ DIVORCED WASH. D.C. USA FILED. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUALOCCUPATION (TYPE OF WORK KIND OF BUSINESS OR INDUSTRY T OF WORKING LIFE) B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P. T. PAGES 1 AND 2 SHOULD BE DIVISION OFWITAL RECORDS, 13. STOSTOPPRESS BURGESS PL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE FIRST LAST RONE UNK 17. INFORMAN' 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) 579018920 2104 BURGESS PL BLANCHE FRAZIER WIFE 18 CAUSE OF DEATH (Enter only one cause per line for (9), (b), and (c).) APPROXIMATE INTERVAL F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIL, CREMATION, OR REMOVAL. Tu tous rollectu Caroled was unles DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION USED 196 CONDITION FOR 20 AUTOPSY? E CHIEF BE USED TO BURIAL Ö YES NO 6 TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DÉATH, WITH THE STATE DÉPARTIMENT BALTIMORE, MARYJAND, 21201 PRIQR TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remain described above, held an Autopsy and in my opinian Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER P. Rodriguez 50090Rayburn Court, Camp Springs, Md. EXAMINER'S NAME Augusto (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE SUITLAND, MD BURLAL MAR 10,1981 LINCOLN MEMORIAL BP DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** ATEXANDER S. POPE 2677 PENNSYLVANIA AVE S (VR A15 ME (5) 15M2/80

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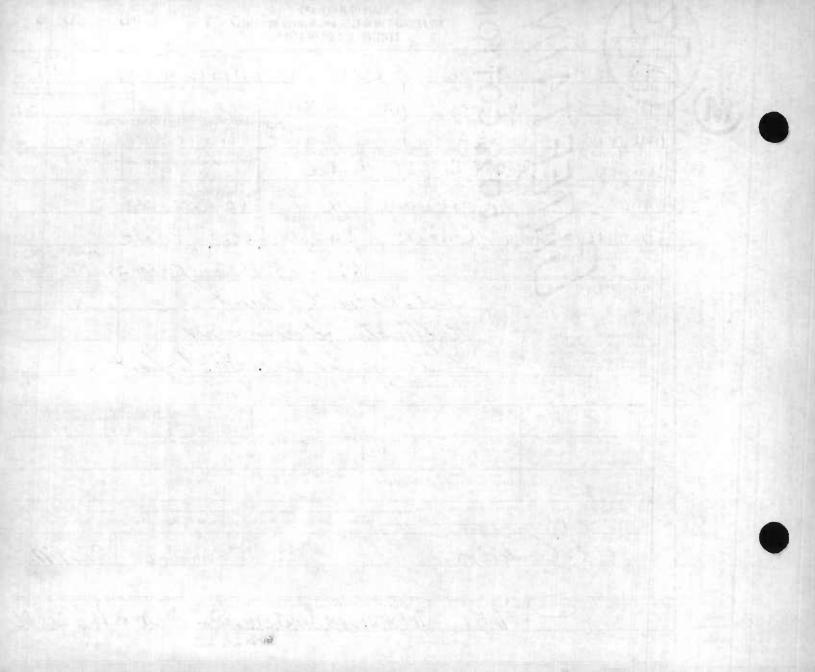
K	11-	FOR STATE REGISTRAR		MENT OF HE		ND MENTAL HYGU ICATE OF DI		8 4 3	Š
• 28.5.5.5.ET		CEASED NAME FIRST CARL	T. Gellogg (	Gjelh	aug)		20. DATE KNOWN OF ESTI- DEATH MATED	□ MONTH DAY YEAR □ 3-16-81	2b. HOUR
• PLEASE UIR CTOR. FILES. HOURS	3 SEX	ale. white.	S. DATE OF BIRTH	94 YRS.	MONTHS DAYS	HOURS MIN:	PRONOUNCED . DEAD	3-16-81	2d HOUR
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SI Y IS	Ta	koma Park.		mpshir	e Ave.		USUAL OCCUPATION (TO OR MOST OF WORKING LIFE) WING MACKINE	PREOF WORK 12h KIND OF B OR INDUS BUSINESS (RE	TRY
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DEATH. IF / DEATH. IF / SES 1, 2, A NO 2 SH	1	ATHER'S NAME FIRST NOT AVAI	LABLE	LAST		FIRST MAIDEN NA	WIDDIE	NOT AURIL	
T., BALTIMORE, M. DURS AFTER DEATH 18. GIVE PAGES 1. WITH FORM PM. NIT. PAGES 1-A/ND 2. E. DIVISION OF WIT.		VAS DECEASED EVER IN U.S. AI ES. NO. OR UNKNOWN) (IF YES, GIV VES	RMED FORCES? WAR OR DATES)  577	1-10-60				Ave, River on ) Califo	
W. PRESTON S  W. PRESTON S  WITHIN 24 HC  ENCIL IN 1EA  MINER ALONG  TRANSIT PERM  INTAL HYGIENE  OR REMOVAL.		PART I DEATH WAS CAUS	DUE TO, OR AS A COM	SEQUENCE OF	the Co	andide	as enlor a	EISLA ZE	ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN P RDED TO THE CHIEF MEDICAL EXA RE 3 SHOULD BE USED AS A BURRAL. E DEPARTMENT OF HEALTH AND ME FOR PROPERTY OF HEALTH AND ME FOI PRIOR TO BURBAL.  OF THE TOTAL THE THEALTH AND ME FOI PRIOR TO BURBAL.	NO	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE OR CONDITI	DN GIVEN IN PART 1 (a).			
SHOULD BE SHOULD BE OND "PENE CHIEF ME CHIEF ME CHIEF AE CHIEF AE	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERAT	ION WAS PERFO	RMED?	19 1 2	20 AUTOPS	
DIVISION OF VITAL THIS CERTIFICATE SHOUL WRITING THE WORD "" WARDED TO THE CHIEF AGE 3 SHOULD BE USE TATE DEPARTMENT OF H		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		19		Y OCCURRED (EN	TER NATURE OF INJURY IN ITEM I	IS PART I OR PART 2)	
#3424C	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, E		211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARATER DEATH, WITH THE STAME AFTER DEATH, WITH THE STAME DEATH		22e I certify that I took chai	ge of the remains described obcural causes D. Accident	ove, held on Suicid	TITLE	(SPECIFY)	determined monner	ond in my opinion ], DATE SIGNED 3-16	(-81
O MEDIC XECUTE I AGE 4 SI NFTER DEA MALTIMOR	1	EXAMINER'S NAME Aug	usto P. Rodrig	wez M.D.	ADDRESS.		ourn Ct., Ca	amp Springs,	Md.
5202BP	1	URIAL, CREMATION, PEMOVAL SPECIFY SULLAND	Mench 20.1981 L	Ballinere		( Cim.	Ballingy	cours Mo	X
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	1 -	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	3 6
1	J. DEC	CEASED NAME FIRST	Shaun G	DSON JR.  ATE OF BIRTH  MARCH 41 1981		Y YEAR 26 HOURS
35	W	RTHPLACE INTATE OF POSESON ARUSAND TY OR TOWN OF DEATH		ARRIED NEVER MARRIED OWED DIVORCED DOWNED DIVORCED DOWNED DIVORCED DOWNE OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY	
Swine Chief	13a S	TINTON  RESIDENCE (IF NURSING HOME O TATE  THER'S NAME FIRST  MMOTHY  S	POTH INSTITUTION GIVE RESIDENCE BEFORE ADMI	Center 113d. Inside city limits?	13e STREET ADDRESS PO. BOX 241 ME MIDDLE PIERCE	LAST
2 medicol	16a V	(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SECURITY	NO. 17 INFORMANT X Linda S.	Gilson P.O. Box .	Md. 206 241, Rd Tobo APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ito To Durio), cremotion, or iny injury, or other troumatic	ATION	Conditions, if ony, which gave rise to immediate cause (a), stofing the underlying couse last  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  CONDITIONS CONTRIBUTING TO DE ATM  196 CONDITION FOR WHICH OPER	of Mendal and American Constant and Constant		N IN PART I(a) WERE FINDINGS USED
B shows on	CERTIFICATION	7)a ACCIDENT WAS UNDERLYING				NG CAUSES OF DEATH?
rked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	Min .	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
r. of Heolft m 21 is mo		saw the deceased alive or	atal) attended the deceased from10_		death accurred an the date and haur d	
with the Stote Depi		22d. PHYSICIAN'S NAME (TYPE O	DR PRIN	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	3/5/87.
dwi	13	URIAL, CREMATION, REMOVAL	23b. DAJE 23c NAME TO PRO	OF CEMETERY OR CREMATORY	PASEARCH - COLLINS	S fosp. Wish
7/77	24 Ft	NERAL DIRECTOR	ADDRESS	250.	E REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGN'ATURE



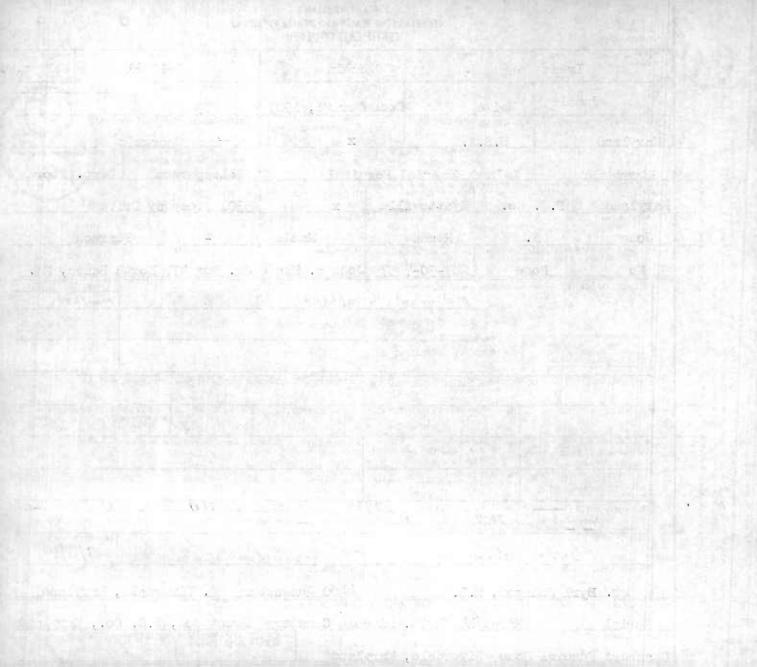
CILBERT Stanley . March 28, 1801 0-m. 1, 1888 Male Cuc. Penna. U.S.A. x Prince Georges Retired Printer-Printing Cheverly Prince Coorde Misoital Maryland P.G. Sowie x 7000 High Bridge Road H SSONG Gilbert Nolly PEFFT Brwie, Marylanz 5/9-38-5-16Perry R. Gilbert, 7000 High Bridge Re

John J. Shigo, M.C. 6911 Laurel Bowie Rt., Brwie, Mr.

Burial pr. 1, 1981 Norland Conetery Chambersburg, Penna.

16000 Annapolis (c. Boxie, Maryland

1. DE (17P) 3. SE	- STATE REGISTRAR  CEASED NAME FIRST FOR PRINT)  Trene  X  Female  IRTHPLACE (STATE OR FOREIGN COUNTRY)	MIDDLE N.	CERTIFICATE OF DEATH  LAST  Glackin	REG. NO.  20 DATE OF DEATH MONTH  3-11-	DAY YEAR 26. HOUR 2:15 a.
3. SE	F CORPRINT)  Irene  X  female  IRTHPLACE (STATE OR FOREIGN	N.			
Ja. B N N	female	4. RACE			01 2.1J d.
10 C	IRTHPLACE (STATE OR FOREIGN	The State of the S	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
35 N		White	December 21, 190'	1	
B 10 C		76 CITIZEN OF WHAT COUNTR	MARRIED   NEVER MARRIED		
275	lary land	U.S.A.	WIDOWED DIVORCED [	Prince Georg	126. KIND OF BUSINESS OR
13	Riverdale	(IF NOT IN SUCH FACILITY, GIVE STR  Leland Memori		(TYPE OF WORK FOR MOST OF WORKING	Dept. Store
3 USU 130 Me	AL RESIDENCE LIF NURSING HOME OF STATE 136 COUL	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13e. STREET ADDRESS	
7.70	ryland P.G.	Co. Hyatts	ville YES NO	5301 Greenway	Drive
64	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
	John S WAS DECEASED EVER IN U.S. AR	Mead		ADDRESS	Pearson
	(YES NO OR UNKNOWN) (IF YES, GIT	one 287-30	7857 John S. Mea	de Jr. Box 477 No	orth Reach. Md.
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),		ac ore box 4 7 in	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (0) Malign	1 / 1	St. Soulist Add to	Months
	2028	DUE TO, OR AS A CONSEC	DUENCE OF		
	Conditions, if any, which gave rise to immediate	(b)			
orgo	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	QUENCE OF		
χ, ας	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
8 shows ony injur			CU ODER VIOLUM COERT COMME	Lan AUTODOVA	YES, WERE FINDINGS USED
IFICA J	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		RTIFYING CAUSES OF DEATH?
GER C	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			URRED (ENTER NATURE OF INJURY IN ITEM	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
WED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DOI N.	AT WORK AT WORK	→al) attended the deceased from	2/27 10 8/	7/10	. 19 81
25	saw the deceased alive an	7/10	71	on death occurred on the date and	
5	22b. SIGNATURE	ot) view the body after death.	DEGREE	,	22c. DATE SIGNED
	Byllo	?. Johnson	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/11/81
A N	22d. PHYSICIAN'S NAME (TYPE	OR PH P	22e. ADDRESS		
	Dr. Byrl Jo	hnson. M.D.	4400 Queen	sbury Rd. Riverd	ale, Maryland
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 2.	NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY STATE
1000	Burial	March/14/81 F	t. Lincoln Cemeter	y Brentwood, P.	G. Co., Maryland



10	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 4 3 9
		CEASED NAME FIRST	MIDDLE	LAST		PAY YEAR 2b. HOUR
a 265 )	TYPE	RICHARD	DAVID	GORDON	MARCH	5. 1981 3:56 Pm
age 4 may	3 SE	ÁLE	WHITE	5 DATE OF BIRTH MONTH DAY YEAR AUGUST 27 1909	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS
dearm. Pe	P	RTHPLACE (STATE OR FOREIGN DUNTRY) PENNSYLVANIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES	
by the fulled within	C	AMP SPRINGS	MALCOLM GROW HO	OSPITAL, ANDREWS AF	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE B TAXI CAB	12b. KIND OF BUSINESS OR INDUSTRY  DRIVER
AND 217	M	IARYLAND PR.	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136 CITY OR TOWN GEORGES CAMP SP	RINGS YES NO [	13. STREET ADDRESS 6209 MAXWELL DE	RIVE, APARTMENT 1
MARYL Lufed Will mpletely and 2 sho		THER'S NAME HARRY MOI	RRIS GORDON	15. MOTHER'S MAIDEN NA	WIDDLE	'MYERS
MORE, ebe exec	0	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI YES	EWAR OR DATES) 166 SOCIAL SECU 578-10-		, same as #13	
1 W. PRESTON ST., BALTIMORE, MARYLAND 2 COR ON CR.  Set that the death Certificate be executed within 24 cet that the death Certificate be executed within 24 cet that the attending physician and completely filled asse remove carbon papers. Pages 1 and 2 should be fall, cremation, or removal.  Y, or other traumatic event, the medical-examiner of the page 1 and 2 should be set.			DUE TO, OR AS A CONSEQUE	ENCE OF	(D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A N. te dag 8		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.		YES NOW YES	
LEARETD LEDING PHYSICIA strending physicia : After burial-transit ith and Mentel Hy marked or Item 1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TOWN	COUNTY STATE
A ATTEN A Spiral or a RECTOR d for use ot. of Hea		sow the deceased alive on	ital) attended the deceased from 12 - 12 19 11) view the body after death.	and that in (my) (our) opinion  DEGREE	to Feb., death occurred on the date and have	19 that (I) (we) lost rond from the couses stoted
TAL NAT:		224 PHYSICIAN'S NAME (TYPE O	Juston	/	MEDICAL STAFF DIRECTOR   PHYSICIAN	3-6-81
TO HOSP retained b	10	Suresh C. Gux	ota, M. D.	3503 Perry S	Street, Mt. Rainic	
19087	t	BURIAL CREMATION, REMOVAL SURTAL		NAME OF CEMETERY OR CREMATORY NG DAVID MEMORIAL	18 A 4004	L. A. D.
DHMH-16 25M (VRA 15, 4) 1/79	14 7	90別為EDESMP STEIN 232 CARROLL STR	HEBREW MEMORIAL	FUNERAL HOME 130 DA	PAGE OF BYRE GOLD AR 256. PESSON	KAKSOANATURE

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SEE LATE DEATHS - DEC DRAW

# 33382 # 33382 NAME:

DATE OF BIRTH:

PLACE OF BIRTH:

SEE:

10	1		STATE OF MARYLAND	
10	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGUENE	44
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	H DAY YEAR 26 HOUR
# S.S. F.		James	Roy CRAHAM DEATH MATED 13-	7 1981 740
46 E 9 E	3. SE	4. BACE	5 DATE OF BIRTH 6 AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS. 2c. DATE MONTH	
<b>《 当</b> 集集》	1/4	Tale Black	12-31- 18 62 YRS MONTHS DAYS HOURS MIN PRONOUNCED 3-7	817210
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Z P S S	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK	TIZE. KIND OF BUSINESS
多年及2000 J	40	houselles	AT NOT IN SUCH PACTUTY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)	OR INIQUSTRY
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DURS / DURS / 18. GIT AIT. PA		18 CAUSE OF DEATH (Enter onle PART I DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c).)	APPEDRIMATE INTERVAL BETWEEN CONST AND DEATH
PRESTON ST ITHIN 24 HO CIL IN ITEM 1 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.			E CAUSE (a) 1/11/11/11/11/11/11/11/11/11/11/11/11/1	ar
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A PER		Canditians, if any, which gave rise to immediate	(b)	
DI W. PRE ED WITHIR V PENCIL II CAMINER IL-TRANS MENTAL H	1	cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
N 5≤0≥00	4	Tyring coose loss.	(c)	
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" PRED TO THE CHIEF MEDICAL. E. 3 SHOULD BE USED AS A BUI TE DEPARTMENT OF HEALTH AN TO PRIOR TO BURIAL, CREMATI	1	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECO!  TD BE E PENDII MEDI!  MEDI AS A A IEALTH  IEALTH  CREA	N N			
LEAN HEAD	5 8	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITAL REG HIS CERTIFICATE SHOULD E WRITING THE WORD "PEN ARDED TO THE CHIEF M AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA ATE OBPARTMENT OF HEA	CERTIFICATION			YES NO T
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SHO TO TO THE SHOP	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 211, LOCATION	
S CE RETIE	M	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)  STREET  CITY OF TOWN  C	OUNTY STATE
WAWA PAC 212		AT WORK AT WORK		
SE S		220. I certify that I taak charge	e of the remains described above, held an Autopsy 🔲, Inspection 🔲, Inquiry 🔲, and in my o	pinian
ME E E E		death resulted fram: Nature	al causes , Accident , Suicide , Hamicide , Undetermined manner ,	
PICER AND		ACTUAL Segue	TITLE (SPECIFY)	01
4 H D 4 H H H		SIGNATURE SIGNATURE	Deputy MEDICAL EXAMINER SIGN	
A SE TA SE T	7 -	EXAMINER'S NAME		0
A D S S S S S S S S S S S S S S S S S S		(TYPE OR PRINT) Augus	to P. Rodriguez M.D. ADDRESS 5009 Rayburn Court, Camp	Springs, Ma.
DIVI  TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIP PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23 a. B	URIAL, CREMATION, REMOVAL 2	38. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION.	UNITY SATE
BP		Durial	3/11/1981 Maryland Lat. Com. Chattenham &	6.11hd
DHMH - 17	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
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	YPE OR PRINTI	ouise k	otherine	61	RECTO	OF	ESTI-	-72.81	Za. HOUR
3. SE	X 4. RACE	5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER	R 24 HRS. Pc. DATE	MONTH	DAY YEAR	2d HQ145
1	Ermale White	MONTH DAY		RS.	S OAYS HOURS	MIN. PRONOUNC	ED 3-22	- 1981	NOTH
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?		ED NEVER MARE	RIED D PALTIMO	RE CUY OR COUN	TY OF DEATH	
1	New York	U.S.A.		WIDOW	ED ED DIVOR	CED   PIMC	beorges.		MD.
	CITY OR TOWN OF DEATH		SPITAL, NURSING HOME ACILITY, GIVE STREET AGGRESS)	E, OR OTHE	ER INSTITUTION	17a. USUAL OCCUPA FOR MOST OF WORKI	NG LIFE)	OR INDUSTR	
1	Cheverly  JAL RESIDENCE (IF IN NURSING HOM)	Pr. Geo		sp.		House	wife	-	
13a.	STATE 136 COU		13c. CITY OR TOWN Hyattsvi	1127	13d. INSIDE CITY LIMITS?	130 STREET ADDRES	Nichols	son St.	
14. 1	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAID	EN NAME MID	DIE	LAST	
	Joseph		Rosati	61-11		(Unknown)			-
160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURIT		17. INFORMANT		0042-Car		Dr.
	No	-	217-36-9	9480	Joseph	S. Greco	Potoma	ac, Md.	
7	lying cause lost.  PART 2 OTHER SIGNIFICANT CONDITION	(c)	BUT NOT RELATED TO THE TERM	UNAL DISEASE	OR CONDITION GIVEN IN P.	ART 1 (a).			
E S	190. DATE OF OPERATION	TISK CONDI	ITION FOR WHICH OPER	PATION W	AS DEDECIDATED?			20 AUTOPSY?	2
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2	WHILE AT WORK AT WORK						/ "		
	22a. I certify that I taak cha	rge of the remains de	scribed obove, held an	Autops	y , Inspection	an Inquiry	and in my o	pinion	
	death resulted from: Nat	turol couses	Accident . Su	icide .	, Hamicide .	Undetermined mon	ner .		
	ACTUAL ALIE	was VS	Column	/	Deputy		DATE	3-32	1-81
	SIGNATURE (	11/2/	7/1	,M.	D. Departy	MEDICAL EXAMI	NER SIGN		2.8
	EXAMINER'S NAME AUGI	usto P. Ro	drikuez M.D		ADDRESS 5009	Rayburn Ct.	,Camp Spi	rings,Md	20031
23o.	BURIAL, CREMATION, REMOVAL		73c. NAME OF CE			23d. LOCATION			ATE
L	Burial	3-25-81	Ft. Li	nco1	n Cem.	Brentwo	ood Pr.	Geo. N	Md.
	Nalley's F.H.	The ADRIE	. Rainier	. Md	250 PATE	REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE	
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Fississingi U.S.A. Prince Georges

Cheverly Prince Georges Hospital Fetired Besittician

Haryland P.G. Landover 820th Allendele Terr.

Johnson Josie Potts

Landover.

----- 428-18-1262 Leverl Bolen, 8204 Allendale Terr., itd

Burial 3/27/81 Ft. Lincoln Cem. Brentwoos, Parvland Seall Fueral Home
16000 Annapolis Road, Bowie. Sammin Md.

	4	offe
	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 are	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

DHMH-16 50M 7/77 (VR A 15 (4))

## STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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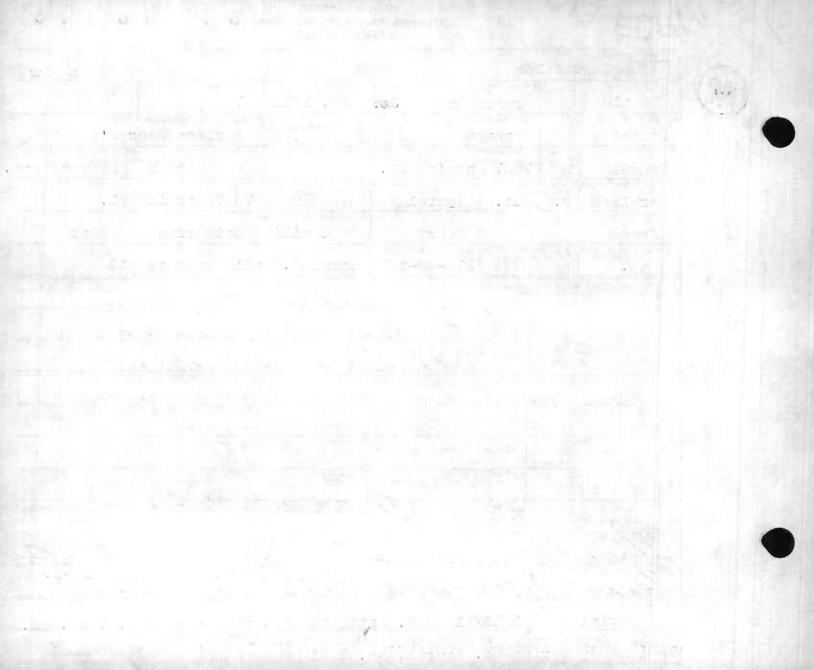
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I. DECEASED NAME	FIRST		MIDDLE	-	AST	20 DATE OF DEATH	MONTH E	DAY YEAR	26. HOUR
(THE OKPKINI)	Mayr	nard H	. Gr	oves		March 5,	1981		533 AN
3 SEX		4 RACE	Born Village	5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNGER 1 YEAR	# UNDER 24 HRS
Male	100	White		Api	ril 8,1904 AR	76	YRS.	AONTHS DAYS	HOURS MIN.
To. BIRTHPLACE ISTATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	
Maryland		J	ISA	WIDOWE		Prince Ge	eorge!	s	MD
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O			F BUSINESS OR
Hyattsvi		5614	30th Aven	ue		Engineer			lov't
MUSUAL RESIDENCE (IF	13b COUN	VTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			10370.7
Maryland	Pr. (	leo's	Hyattsvil		YES 🔀 NO 🗌	5614 30	th Av	enue	
14. FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	NT.
Mort			roves		Elvie		Milst	ead	
160 WAS DECEASED ET		MED FORCES?	718-14-90	RITY NO.	17 INFORMANT	ADDRE	\$55614	30th	Avenue
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18 CAUSE OF DI	ATH (Enter an	ly one cause pe	line for (a), (b), one	l (c)	- Went TENNES		801	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I, DEAT	H WAS CAUSE	TE CAUSE (a)	KESCI	12/77	bry fail	ure	- 0	464	14
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gove rise to cause (a), s		DUE TO: C	R AS A CONSEQUE	NCE OF					
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THE		MA						100	
M DATE OF OPI	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	206 IF YES	, WERE FINDING YING CAUSES	OF DEATH?
RTIF	The state of	11		MAN T		YES NO		5 🗆	NO 🗌
00.00.00.00.00.00.00	-	216. TIME C	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PA	ART 1 OR PART 2)	
(IF EITHER, NOTIFY M	EDICAL EXAMINER)	Р	M.	19					
(IF EITHER, NOTIFY M			OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
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	e) (did did no	it view the bady	ofter death.	/	nd that in (my) (aur) apinion a	eoth occurred an the de	ate and hou		
226. SIGNATURE	11				DEGREE ATTENDING	MEDICAL STAI		22c. DATE	SIGNED
0	nu	Sels.	1xx		PHYSICIAN X	DIRECTOR   PHYSIC		March	5, 198
22d PHYSICIAN		Section 1			7100 Baltimo	re Avenue.	oller	e Park	Md.
1 30	HISS	LER "	20		. 100 Bal almo	20 Milling	- CIICE	Cidin	
230. BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23t. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Burial		3/9/8		camu		Chicam			Md.
24 FUNERAL DIRECTO	asch's	Sons . P/	Hyatasvi	lle.	Md. PAR	REC'D. BY REGISTRAR	256. REGIST	RAR'S SIGNAT	URE

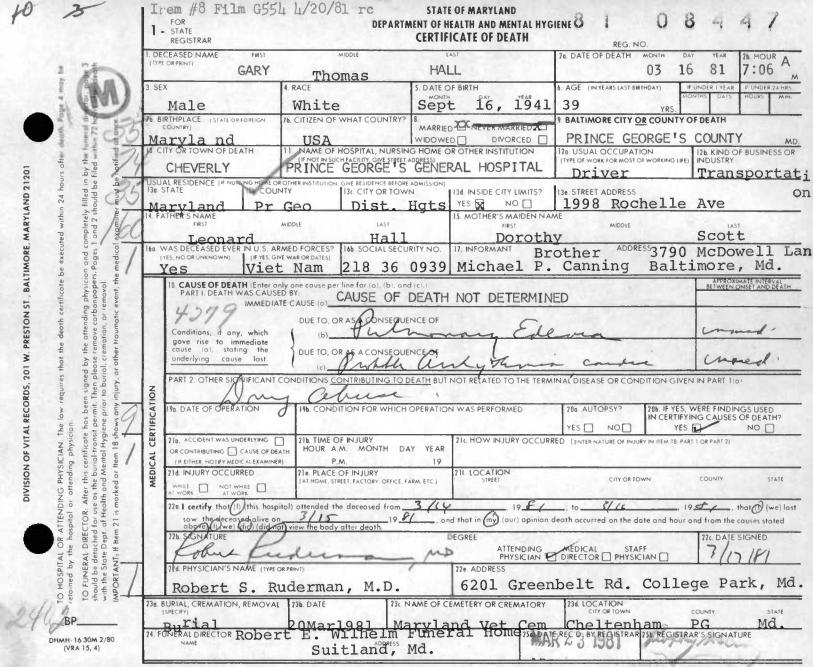
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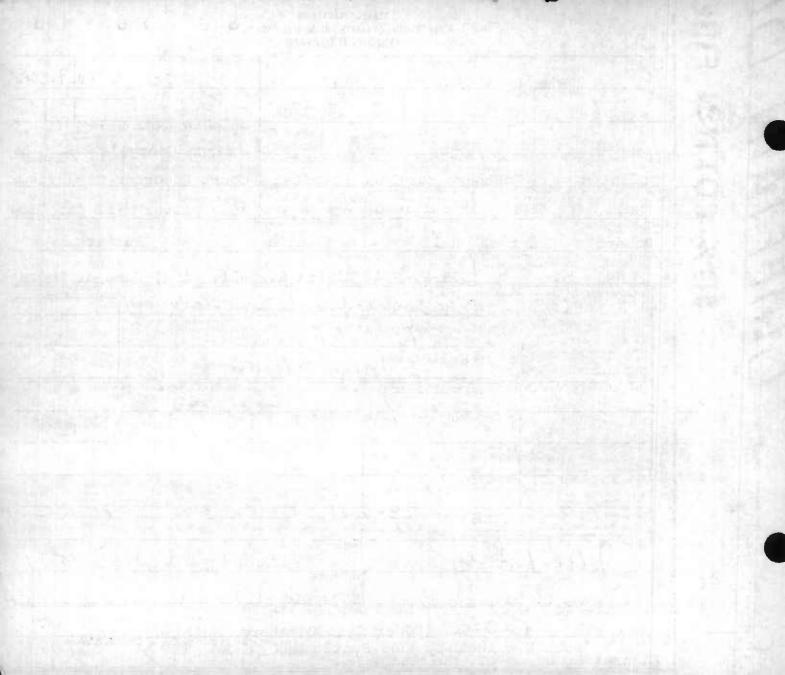
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STATE OF MARYLAND

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	y be		CEASED NAME FIRST PEY	ry	MIDDLE	1/2	milton	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 06 81 30 PM
de	ge 4 mo	3. SE	x Male	4 R	Black	5. DATE ( MONTI 1	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  39 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
44	death. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Md •	1.2	rince Georg	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Prince George	
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AND 21	r filled in hould be	130.		ME OR OTH	Lando	e before admission) R TOWN VET	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1121 Cap. Vi	ew Dr.# 1132
MARY!	ompletely 1 and 2 s		Paul	MIDDI	J. Hami	lton	Ernestin	e Hend	erson
TIMORE	be execution and crs. Pages	160	No	S, GIVE WAR	r OR DATES) 220-	38-3099	Shirley He	ADDRESS amilton-Same a	
OI W. PRESTON ST., BA	that the death certificated by the attending physiclesse remove carbonpopical, cremation, ar remava		Conditions, if ony, whice gove rise to immediate couse 101, stating the underlying cause lass	DIATE C.	DUE TO, OR AS A COM-	SEQUENCE OF P SEQUENCE OF P SEQUENCE OF P SEQUENCE OF P			BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS	PHYSICIAN: The nating physicial physicial his certificate a burial-transit di Aental Hygie for them 18 sha	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CITHER, NOTIFY MEDICAL EXAM	F DEATH	21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	
DIVIS	ATTENDING I aspital or atte ECTOR: After of for use as th t of Health on m 21 is marked	2		e on		from <u>M(W)</u>		to Abrich 6 death accurred an the date and hou	19 that (1) (we) last r and from the causes stated
No	TO HOSPITAL OR retained by the high properties of the property of the should be detached with the State Department. If her		THE SIGNATURE	YPE OR PRIM	mula	M	ATTENDING PHYSICIAN [	DIRECTOR PHYSICIAN	3/6/8/
3	Short Short	23a.	BURIAL, CREMATION, REMO	VAL 23	Marsela:		SOUTHERN EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	extracy Clinton, Md,
The second second	DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	Burial UNERAL DIRECTOR  LASS WASHING	TO N	3-13-81 +56us 4925			Fighland Pa EREC'D. BY REGISTRAR 256. REGIST AR 1 6 198	

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HO	1-	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN	HEALTH			ATL	0 8	4 5	0
SS. :8. ET,		CEASED NAME PE OR PRINT)	E/m	er B	MIDDLE	MO	LAST	TE OF DEA	20. DATE KNOWN OF ESTI- DEATH MATED	-	DAY YEAR	2b. HOUR
ESSARY, PEASE ERAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS	3. SE	Tale L	UNITE		VEAR 6. AGE (IN YEAR LAST BIRTHE	MONTH	DER 1 YR. IF (	UNDER 24 HRS.	PRONOUNCED DEAD	монтн 3 <b>-</b> З	DAY YEAR	14.43°
S NECESS, E FUNERA E 5 FON I W PREST	Wi	IRTHPLACE (STATE OF DREIGN COUNTRY)  SCONSIN  BY OR TOWN OF D		USA WIDO			8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNT WIDOWED DIVORCED   Prince Crang			Georg	25	MD.
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D. 21201  F. ANY DELA  Z. AND 3 TO  S. HOLD BE I  C. COND.	13a. S	Md.	13b COUNT	YG	Suitland	i		10 □   51	REET ADDRESS 19 Suit	land R	d., #3	102
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ST. DOUR		18 CAUSE OF DE PART I DEATH	ATH (Enter anly WAS CAUSED	CAUSE	1216-40-8 fag (a), (b), and (c) Forevelle AS A CONSEQUENCE	Tho				Daugh	APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
A NAME OF STREET	7	Canditians, if gave rise to cause (a) stati lying cause la:  PART 2 OTHER SIGNIFIC	immediate ng the <u>under-</u> st.	(b)	AS A CONSEQUENCE	OF	OR CONDITION GIVI	EN IN PART 1 (g)				
VITAL RECORE SHOULD BE EX OND "FENDIN CHIEF MEDIC CHEF AS A E USED AS A E USEL	CERTIFICATION	190. DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED	)?			20 AUTOPSY	? NO lead
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DICAL EXAMINER: THIS  TE THE CERTIFICATE, W AS SHOULD BE FORWA WERAL DIRECTOR: PAC PEATH, WITH THE STATIONE.  ORE, MARYLAND, 212		AT WORK AT	Regges	al the remains des	Accident . Su	Autops icide ,	y . Ins  Homicide  TITLE (SPEC  Deputy	IFY) MED	Inquiry Inquir	and in my opin	3-4	-8/
A FTER IN SALIN BALTIN	(:	(TYPE OR PRINT)  URIAL, CREMATION  PECIFY)  Burial	, REMOVAL 231		231. NAME OF CE	METERY OF	CREMATORY	23d. LC	CATION OR TOWN	COUNT	ry si	TATE
DHMH-17 (VRA15 ME (5)) 15M 2/80		INERAL DIRECTOR NAME INERAL H	Robt I	E Wilhel Rd., S	m 4308 Suitland,	Suit	tland		REGISTRAR 255, R			

Elmer I de Walles Made this your 

Funeral Home Rd Suitland Md

3831 Georgia Ave. NW: Wash. DC

(VRA 15, 4)

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R.N. Horton. Co. Inc. 600 Kennedy Street, N.W.

STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79

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## STATE OF MARYLAND

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1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.				
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	_		
IDA	М.	HARRIS	03-04	-81 5:30P	5:30PM		
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	_		
FEMALE	BLACK	OCTOBER 9, 1936	44 YEARS YRS	MONTHS BAYS HOURS MIN.			
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
NORTH CAROLINA	U.S.A.	WIDOWED DIVORCED	PRINCE GEOR	RGE'S M	ID.		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OF	R		
CHEVERLY	PRINCE GEORGE'S						
USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 13b COUN			13e. STREET ADDRESS				
MARYLAND PRINC	E GEO!S. LANDOVER		1201 NALLEY ROA	D			
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N FIRST WILLIE MAE	AME MIDDLE	LAST			
16a. WAS DECEASED EVER IN U.S. AR.	MED FORCES? 16b SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS 120	1 NALLEY ROAD			
NO NO	N/A 578 50 2	979 JAMES E. HAR		DOVER. MD.			
DART CREATIVITIES CALLER	ly one couse per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
MMEDIAT	ECAUSE (0) CHRONIC	RENAL FAILURE	2 CEREBRAL ANOX	7A 2/15/81			
3850	DUE TO, OR AS A CONSEQU	ENCE OF		- 3/4/8/			
Conditions, if any, which gave rise to immediate	( 16) CEREBA		OUF TO HYPOTEN	ISIVE			

ENTIPOE ON DAYOF couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ADMISION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY?

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOM YES [

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER: P.M 21d. INJURY OCCURRED

22a. | certify that (1) (this haspital) attended the deceased from

DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21ª PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE WHILE

211 LOCATION CITY OR TOWN COUNTY

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

STATE

NOF

above. (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE

sow the deceased alive on.

22e ADDRESS

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT) SAMUEL W. ALLEYNE. M.D.

PGGH/MC

CHEVERLY, MD. 23d. LOCATION

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

23a Burial, cremation, removal  $\stackrel{(\mathsf{SPEC(FY)})}{BURIAL}$ 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

DEGREE

LANDOVER, MARYLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOROLLINS FUNERAL DOME, INC. 4339 HUNT PLACE

Tauris Tauring of States and Stat DOLUTE S. ATT PRESENTE STORY CHIVELY DE The second District

& A	11-	FOR STATE	DE		HEALTH A	ARYLAND AND MENTAL HYG	DIE I O	8 4 5	5
The state of the s		REGISTRAR		CAL EXAMIN	ER'S CE	RTIFICATE OF I	REG. N		
2 8 8 8 8 E		Rober	+	HAR	R15	31	OF ESTI- DEATH MATED	3 25 19 8	76 HOUR
ESSARY, PLEASE RAL DIRECTOR. R YOUR FILES. HIM 72 HOURS ESTON STREET,	3. SE	Tale Black	5. DATE OF BIRTH	YEAR 6 AGE (IN YE. LAST BIRTHD.	AY) MONTHS	ER 1 YR. IF UNDER 24 I		MONTH DAY YES	107
THE SEA	FC	RTHPLACE (STATE OR PREIGN COUNTRY)  Orth Carolina	76. CITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MARRIED	Prince Con	OR COUNTY OF DEATH	MD.
300 40003	10 C	W Carlton	NAME OF HOSPIT DENOT IN SUCH FACILY OCTOVS	TAL, NURSING HOME TY, OVESTREET ADDRESS!	1	R INSTITUTION 120	USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF OR INDU:	BUSINESS
MORE, MD. 21201 RE DEATH. IF ANY DEJ PAGES 1, 2, AND 3 TO DRM PM 3. RETAIN S 1 AND 2 SHOULD BE	13a S	AL RESIDENCE (IF IN NURSING HOME O TATE 131 COUN' Shington	R OTHER INSTITUTION, GIVE P TY	ESIDENCE BY ORE ADMISSING CITY OR TOWN  D.C.	13		STREET ADDRESS 623 Omedia Pl	ace N.W.	
EATH. 1 ESTH. 1 EST, 2, 2 A PM 3.	14. F/	ATHER'S NAME FIRST JLM	WIDDLE	Harris	1!	5. MOTHER'S MAIDEN N FIRST Suc	IAME MIDDLE	unknown	
BALTIMORE, JRS AFTER DEAT B. GIVE PAGES WITH FORM P. T. PAGES I ANI DIVISION OF	{Y	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V NONE	WAR OR DATES)	166. SOCIAL SECURIT 247-44-801		7. INFORMANT	ADDRESS Harris (wike)		Pl.,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMA S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PA RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR E3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART I DEATH WAS CAUSED  Conditions, if any, which gove rise to immediate cause (a) storing the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS	A CONSEQUENCE O	OF.	Cardro,		luose	SET AND DEATH
S A A LITH	CERTIFICATION	19a. DATE OF OPERATION		N FOR WHICH OPER				20 AUTOPS	
DIVISION OF VITAL RE THIS CERTIFICATE SHOULD "WARDED TO THE CHIEF M WARDED TO THE CHIEF M STATE DEPARTMENT OF HEAD 21201 PRIOR TO BURIAL, C	MEDICAL CERTII	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			21c. HOW		NTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	NO A
E, WA PAC STA1	ME	WHILE AT WORK AT WORK	STREET, FACTOR		STRE		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH WITH THE S BALTIMORE, MARYLAND;		276. I certify that I tack charge death resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME A DEUS	od course of A	Luguy	Autopsy ocide ,	TITLE (SPECIFY) Deputy	Inquiry , ar Indetermined manner ,  MEDICAL EXAMINER  Yburn Ct., Ca	DATE SIGNED	- 7
TO M EXECT PAGE PAGE BALTI	73a. B	URIAL, CREMATION, REMOVAL 2	36 DATE	23c. NAME OF CEA	AETERY OR C	CREMATORY 2	3d. LOCATION CITY OR TOWN	COUNTY	STATE
BP DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR V. Horton Co. Inc	3-31-81	Harmony   10 Kennedy		250. RATE REC	Landover, P. ( D. BY REGISTRAR 7356 REC	G. CO., Md.	,
15M 2/80					2.01			1	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ESTI-RONAL D DEATH MATED X 3 8 HATCHER 19 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS DATE DAY 3:06 VEAR PRONOUNCED LAST BIRTHDAY) 28 YRS male 3-1952 DEAD 19 81 negro D M 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [ Prince George's County DIVORCED D.C. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Prince George's General Hospital OR INDUSTRY Student Cheverly School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Bradbury Hats YES OK NO D 421B Shell St. Md. · G 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ALIDDLE Hatcher Frank Frances Young 7 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) to'7 69 Yes 577-70-2359 Frances Upson-Same as above APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Intracerebral hemorrhage IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0). CERTIFICATION DEPARTMENT OF HE 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 21h TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 210 PLACE OF INJURY TATHOME 211 LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE STATEMORE, MARYLAND: 2 22a I certify that I took charge of the remains described above, held on Autopsy Accident Homicide Undetermined manner death resulted from: Notural couses Suicide TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 3-9-81 SIGNATURE SIGNED Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS Lincoln Mem. Cem. 23d LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Strittland. Md. COUNTY STATE (SPECIFY) Burial 3-13-81 BP 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH-17** S. WASHINGTON+ SONS 4925 BURROWERS AVE. N.C. (VR A15 ME (5)) 15M 2/80

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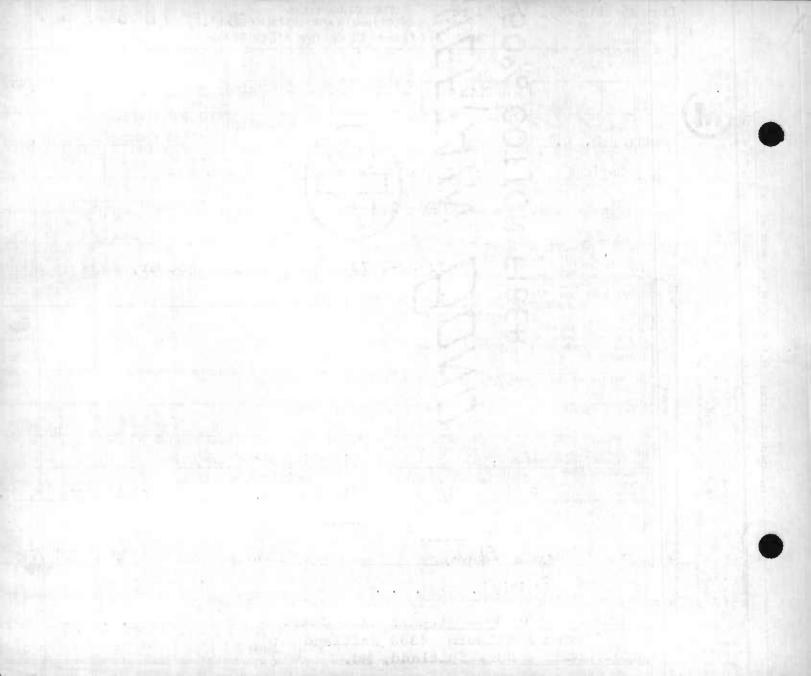
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25年前28年	(TYP	E OR PRINT)	Jam	es	Matthew		Hawk	DEA	TH MATED	3 0	19 81	M
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IS NECESSARY, PLEASE F FUHRAL DIRECTOR E 5 FO TOUR FILES ED, WHEN HOURS			D. C.	U	SA	WIDOV			ince Geo	rge's	Count	Y , MD.
SE SE	10. CI	ty or town o	OF DEATH	11. NAME OF H	HOSPITAL, NURSING H	OME, OR OTI	HER INSTITUTION	120. USUAL OC	CUPATION (TYPE (	OF WORK 12b.	KIND OF BU	SINESS
FLAY FO TI	-8 C	amp Spr		Andrews	Air Force	Base H	ospital	Stud				
POS POS	USUA 13a. S	L RESIDENCE (	(IF IN NURSING HOME O	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE AD		13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS			
AN AN REI	5	Md.		G	Morning	side	YES NO	6706 M	larianne	e Driv	ve	
MD 1, 2, 1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	14. F/	THER'S NAME		WIDDLE	(AST		15. MOTHER'S MAIL	DEN NAME	MIDDLE	-19-31-1	LAST	
DEAT DEAT	00	Arc		Α.	Hawk		Peggy	37:11		Kelly		
TER I	160 V	ES, NO, OR UNKNO	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	16b. SOCIAL SEC		17. INFORMANT		ADDRESS			
S AF GIVE ITH I PAG VISIG	'	No			579-82-		Peggy C	arter,	Mother	, Same		
51 500R 118. 6. DI		18 CAUSE OF	F DEATH (Enter on ATH WAS CAUSE)	D BV	line far (a), (b), and (c)		LEW NEW	7 (A. 19 IA		В	APPROXIMATE	INTERVAL FAND DEATH
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SE EDIC SERVICE STATE ST	Z				and the state of t	TERMITAL VISEA	or condition diven in F	ART I (U)				
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OF VIEW	5 8		L CAUSE WAS		E OF INJURY	21c. H	OW INJURY OCCURR	ED (ENTER NATURE O	OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)		
ON THE COUNTY OF	5 3	UNDERLYING CONTRIBUTIN	OR NG CAUSE OF I	DEATH 5:30	P.M. 3 9 10	81   Bi	cyclist st	ruck by	auto			
VISION DEPARTMENT	da	21d. INJURY O	CCURRED	21e. PLA	CE OF INJURY (AT HON	E. 21f. LC	STREET Suitla	ind & area	RTOWN	COUNTY		CTATE
HIS CHIS CHIS CHIS CHIS CHIS CHIS CHIS C	5 2	WHILE AT WORK	NOT WHILE	2	street	ALI	entown Rds	· Cili O	Pri	nce Ge	orge!	s. Md.
R: TI VTE, Y DRW R: PV EST,	11			e of the remains	described above, held		osy X, Inspection			in my opiniar		
NA STANT	0	death resulte		ral causes ,	Accident .	Suicide L	, Hamicide ,	Undetermined				
XXA LID E WITH WARY			11	MA			TITLE (SPECIFY)					
A PER		ACTUAL SIGNATURE	lulger	na Lh	bla	A	A.D. Assista	INT MEDICALE	CAMINER	DATE SIGNED_	3/10	/81
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527549	23e.B	PECIFY)	TION, REMOVAL 2				OR CREMATORY	23d. LOCATIO	N <sub>2</sub>	COUNTY	\$1	ATE
BP	24 5	Buri		3-13-8			Cemeter	y Suit	land, I	P.G.,	Mary	Land
DHMH-17		NAME	RODE	E Wilh		Suit	land	AR 1 7 195	land, I	May / ST	L'Orando	
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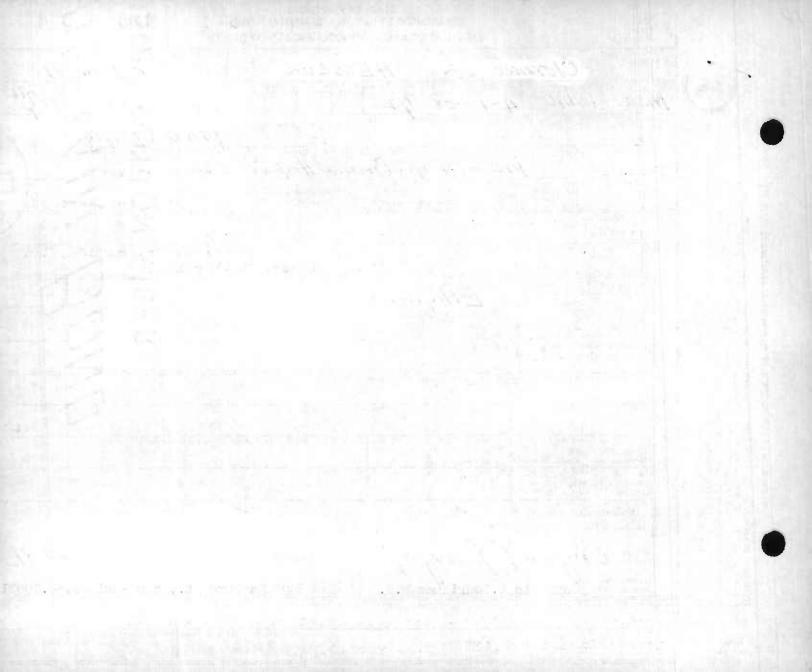
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	1	FOR STATE REGISTRAR			DEPART	MENT OF I	ECT MARTLAND  FICATE OF DEATH	GIENE 8	REG. NO.	8 -	5 7
90 gr 3		CEASED NAME E OR PRINT)	FIRST	ERT	OLAF		DEN	20. DATE OF		DAY YEAR 5-81	26. HOUR 7:40
(M)		ALE		RACE WIIITI	r.	5. DATE O	7 15, DAY 1911 EAR	69	ARS LAST BIRTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
in the result of	l'as	RTHPLACE (STATE OR COUNTRY) hington D.	C.	U.S.A		MARRIE		PRI	NCE GEORG	E'S	M
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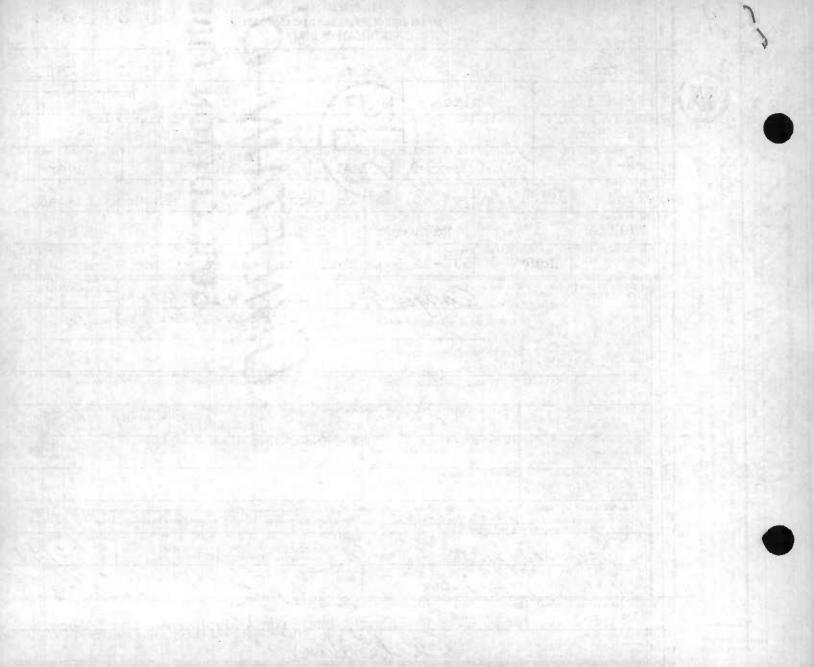
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S La le la	RI	VERDAL	E	LELAND M	PITAL, NURSING HOM LILITY, GIVE STREET ADDRESS! IEMORIAL HO	SPITA		FORMO	L OCCUPATION STOF WORKING LERTEND		SHEETU METAL	STRY
F ANY D AND 3 RETAIN HOULD PECORE	13a. ST	RYLAND	136. COUN	R OTHER INSTITUTION, GIV TY E GEOREGS	HYATTSVII		13d. INSIDE CITY LIMITS? YES X NO		T ADDRESS BANNEI	R STREE	T	
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4 b	13/	EDWA		HINS	SON	MARCH	7 1981	7,00PMM
	3	Male	4 RACE Black	5. DATE OF I	7.1903	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	40	. SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED I	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY PRINCE GEORGE 1		MD
by the full and with a monthly of a	74	CHEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI PRINCE GEORGE	ET ADDRESS]		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Unemployed		OF BUSINESS OR
(ND 212D 24 Fears falled in by goold be fall fraget be no		SUAL RESIDENCE (IF NURSING HOME OF 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	d INSIDE CITY LIMITS?	13e STREET ADDRESS 12211 Kingw		
MARYLA ord 2 sh ord 2 sh	100	Robert	MIDDLE LAST	15	MOTHER'S MAIDEN NA		LAS	
MORE, I re execute roger 1	1 10	. WAS DECEASED EVER IN U.S. A		CURITY NO. 17	Sarah Will	ADDRESS Liams-7010 Ca	nvon Dr	. Md.
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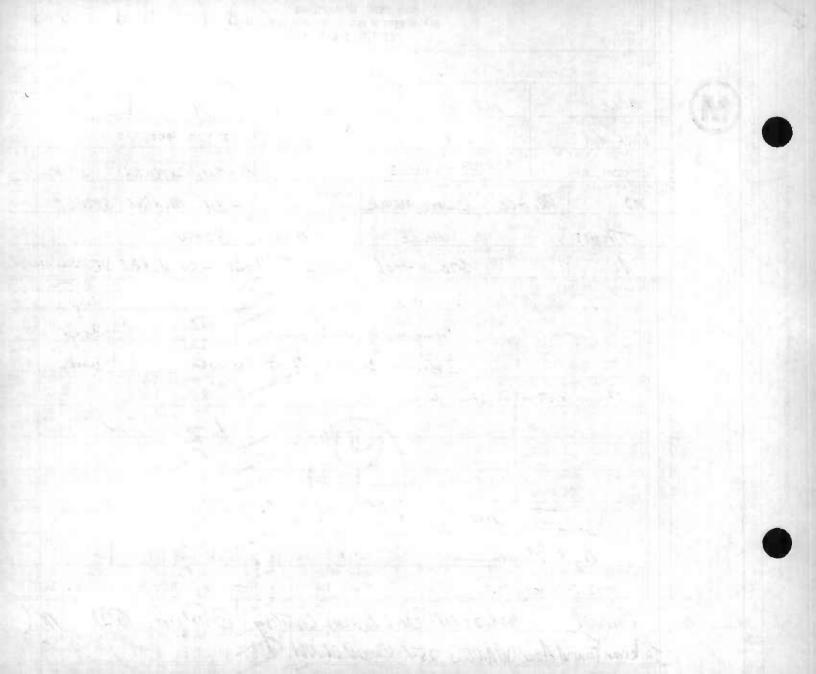
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13 1 35	~	Eunice	R.	Hisey	March 21	1, 1981	7:55PMM
0	M)	Female	4. RACE White	S. DATE OF BIRTH SEPT. 20 1897	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS  YRS.	IF UNDER 24 HRS. HOURS MIN.
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of the day	23	10. CITY OR TOWN OF DEATH Riverdale	1) NAME OF HOSPITAL, NURSIN (BENOT IN SUCH FACILITY, GIVESTREET Leland Memorial	G HOME OR OTHER INSTITUTION ADDRESS) HOSpital	12a USUAL OCCUPATION Retired	WORKING LIFE) INDUSTRY	of Business or lyer
Tilled is could be	\$5M	USUAL RESIDENCE (IF NURSING HOM)	or other institution give residence before DUNTY GEORGES ME.	Raines Yes	3127 Que	en Chapel	Road,
E M. 15.	110	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LA LA	¢ī .
\$ (3) II	16/1	Wi1 <sup>M</sup> iam	Reyno		ne		ain
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he death	r travenat	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE		cynix	ay Justice	50
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The low is	2	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	286 AUTOPSY?	206 IF YES, WERE FIND II IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
Pevilly Class 1 physics physic	19	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DA	AY YEAR  19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
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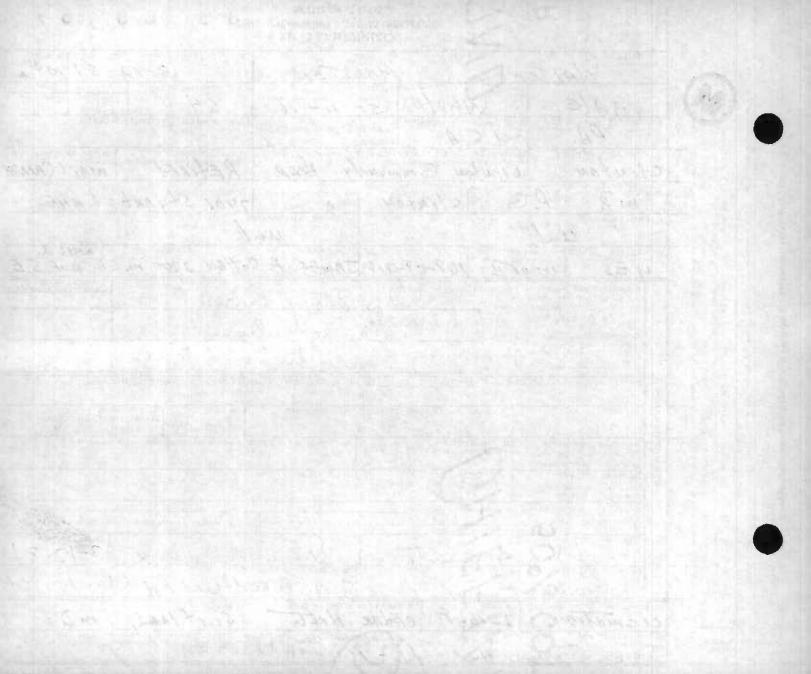
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Ê	3. SE		4 RACE	5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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9	C	RTHPLACE (STATE OR FOREIGN OUNTRY) VIRGINIA	76 CITIZEN OF WH	1	ARRIED NEVER MARRIED	Prince Georg	
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Al OR A the hosy AL DIREG detoched detoched it if them		226. SIGNATURE	hoson	,	M.D. ATTENDING PHYSICIAN (	MEDICAL STAFF  ADIRECTOR PHYSICIAN	3-24-81
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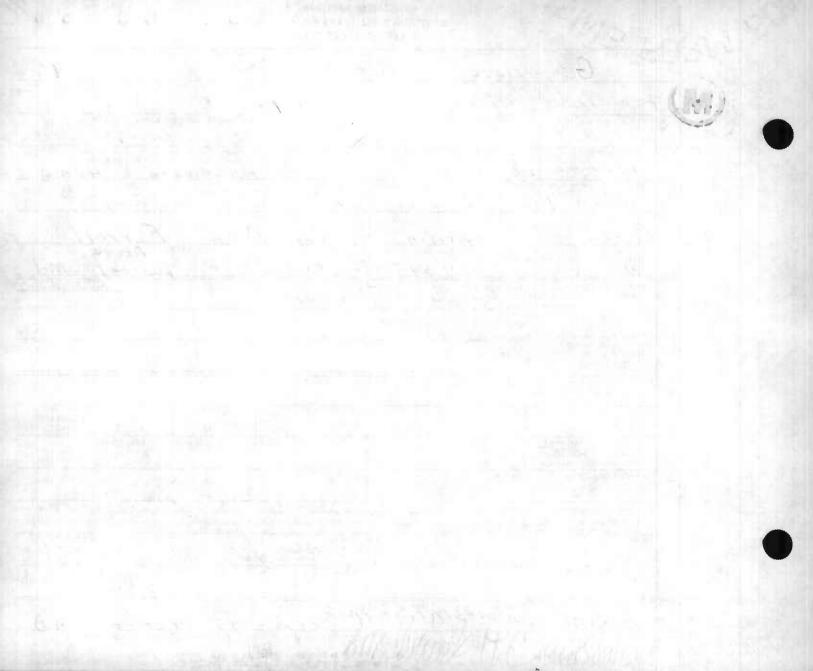
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AL RECCOULD BE DOUD BE DO "PEND DIFF MED AS. USED AS. ITAL, CRE	CERTIFICATION	19a. DATE OF O	PERATION	196 CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?				AUTOPSY?
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TO MEDIC PECUTE PACE 4 TO FUNE AFTER DE BALTIMO	in the second	EXAMINER'S NA (TYPE OR PRINT	)		xon, M.D.		ADDRESS	1 Penn S			
590,5	(:	BURIA		3/5/81			EN CEMETER		SPRING	MON	1 44
DHMH - 17 {VR A15 ME (5) }	24. F	NAME  500 UNI		S J. COLL W. SILVER	INS SPRING,MD	. 209	200. DATE	HAR 4	RAR 756. REGIST	CLANGUA.	metrody

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15	1-	STATE OF MARYLAND  FOR  STATE  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DEG. NO.	3 4 7 1
Na Salaka Na		REG. NO  REG	ONTH DAY YEAR 26 HOUR 3 - 18 19 81 M
ANY PRESIDENCE PRESIDE		Male White 12-25 08 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 12-25 08 72485. DAYS HOURS MIN. PRONOUNCED 3-1	18 1981 938 M
WITH WEEK	FC	BIRTHPLACE (STATE OR OREGING OF WHAT COUNTRY?  ORENGIN COUNTRY)  WIDOWED A DIVORCED   9. BALTIMORE CITY OR CO	DUNTY OF DEATH
See Tolk	P	Orince George  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, ONE STREET ADDRESS) Prince George Hospital  126. USUAL OCCUPATION (TYPE OF W. FOR MOST OF WORKING LIFE) Ret. Pile Driver	OR INDUSTRY
F ANY B AND 3 RECORD	Mar Mar	AL RESIDENCE (IF INNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS  The process of the county 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS)  The process of the county 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS)	rk Dr. 20027
ME. MD DEATH 245 1. 2 24 MA 3 MAND 2. 34 MAND 2.		ATHER'S NAME FIRST IS MOTHER'S MAIDEN NAME MIDDLE LAST Serena Anne	Phillips
S AFIER I GIVE PARTIME GIVE PARTIME FOR PARGES I VISION (VISION (VISIN	(A	Yes-US Navy WWII 478-09-3046 Catherine L. Hill #8-Mary	ryland Park,MD land Park Dr.
DS, 201 W. PRESTON ST XCUIED WITHIN 24 HOUR G: IN PENCIL IN IEM 18. AL EXAMINER ALONG W. BURIAL TRANSIT PERMIT AND MENTAL HYGIENE, D. ATION, OR REMOVAL		Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  CAUSE OF DEATH (Enter only one cause per line) for (a), (b), and (c).)  PART I DEATH WAS CAUSE BY:  DUE TO, OR AS A CONSQUENCE OF  (b)  DUE TO, OR AS A CONSQUENCE OF  (c)  CAUSE (Line) Accuse (a) stating the underlying cause last.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CON NO N	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
SHOULD ORD "PE CHIEF A SE USED A STORY OF THE A STO	CERTIFICATION		20 AUTOPSY?
DIVISION OF VITAL RECORDS, HIS CERTIFICATE SHOULD BE DEC WRITING THE WORD "PENDING ARDED TO THE CHIEF MEDICAL ACE 3 SHOULD BE USED AS A BU ATE DEPARTMENT OF HEALTH AN ATE DEPARTMENT OF HEALTH AN ATE DEPARTMENT OF HEALTH AN	MEDICAL CE	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 11) P.M. 19 216 INJURY OCCURRED 217 PLACE OF INJURY (AT HOME. 217 LOCATION	OR PART 2)
PAPKE STANDAR	¥	WHILE AT WORK STREET, FACTORY, FARM, ETC.)  STREET  STREET  CITY OR TOWN	COUNTY STATE
TO MEDICAL EXMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALJIMORE, MARYLAND, 2		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ,	ATE 3-18-81
TO MED EXECUTE PAGE 4 FO FUN AFTER DI SALJIMO	730 8	EXAMINER'S NAME Augusto P. Rodni zuez M.D. ADDRESS 5009 Rayburn Ct., Camp S BURIAL, CREMATION, REM. VAL.   23b. DATE   123c. NAME OF CEMETERY OF CREMATORY   123d. LOCATION	prings,Md.20031
(((() BP	Bu	rial March 21,81 Fort Lincoln Cemetery Colmar Manor, Me  TUNERAL DIRECTOR  1736. LOCAL COLONG TOWN CONTROL ON THE CITY OF COMM CONTROL ON THE COLONG TOWN COLONG TOWN COLONG TOWN CONTROL ON THE COLONG TOWN COLONG TOWN CONTROL ON THE COLONG TOWN CO	
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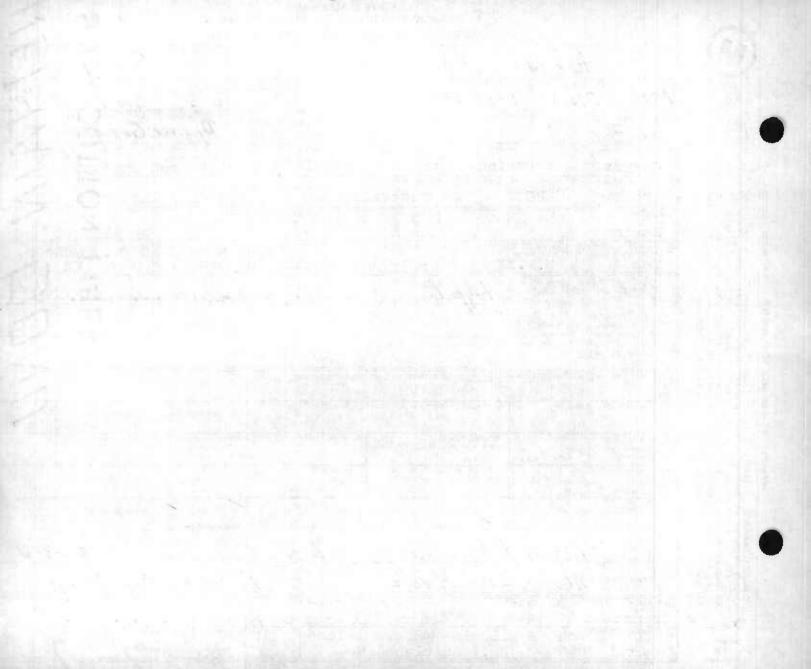
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	26		CEASED NAME Hard	ild p	HUTCHI,	NGS	LAST	20 DATE KNOW OF ESTI- DEATH MATE	D □ 3-2	7 19 8/ M
ARY, PLEA	PRESTON STRE	3. SEX	rale White	5. DATE OF BIRTH	6. AGE (IN YEAL LAST BIRTHDA	Y) MONTH	DER 1 YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED PEAD	3-27	1981 19 M
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PACE S	影74	C	ty or town of death Cheverly	Prince	SPITAL, NURSING HOME ACHLITY, GIVE STREET ADDRESS) Georges H	osp		12a USUAL OCCUPATION FOR MOST OF WORKING LIFE Chief Foo	E)	26 KIND OF BUSINESS OR INDUSTRY Stry
D. 21201 IF ANY ELA 2, AND 3 POL 3. REFAIN PA	Second Se	USU A 130. S	L RESIDENCE (IF IN NURSING HOL ATE Md .	WE OR OTHER INSTITUTION, G UNITY PG	13 CITY OR TOWN FORESTVI	.lle	13d. INSIDE CITY LIMITS? YES NO	0000	ing Dri	ive #103
T., BALTIMORE, MD. 2 URS AFTER DEATH. IF, 18. GIVE PAGES 1, 2, A WITH FORM PM 3, R	WITAL V		THER'S NAME	WIDDLE	IAST		15. MOTHER'S MAII	DEN NAME MIDDLE	-11111	LAST
MORE R DE/AGE	4 6 C	16e. V	Burton VAS DECEASED EVER IN U.S.	ARMED FORCES?	Hutchings		Mae 17. INFORMANT 7	633 Glen He	Philli PRESS C+	-
T., BALTIN	VISION			W. II	240-07-33	41	Burton	633 Glen He Hutchings,	ad Ct., Nephew	, McLean, Va
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN 11EM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG W	AYGIENE AOVAL		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU // January MARE Conditions, of ony, wh	DIATE CAUSE (DUE TO, OF	e for (a), (b), and (c).)  RAS A CONSEQUENCE C		roselen to	in cordistras	culo 1 d	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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MINER: T IFICATE, BE FORW	TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		22a. I certily that I took ch death resulted from: N	orge of the remains de		Autops	sy , Inspect	Undetermined monner	and in my opin	non
IN EXA	RAL DIRE		ACTUAL SIGNATURE AUGU	to PRO	dryue	M.	D. Parky	MEDICAL EXAMINER	DATE SIGNED	3-28-81
MEDIC ECUTE GE 4 S	FUNE TER DE		EXAMINER'S NAME TO LEGE	STO P. Rud	ricaar		ADDRESS 5009	Ray burn Ch.,	CampSp	Drugs
XOU	2	15	DRIAL, CREMATION, REMOVA PECHY) Cemation	4-4-81	Cedar Hi			y Suitland,	P.G.	Md. STATE
BP	u 17		NAME DIRECTOR RObt		Lm 4308 S			E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIC	GNATURE
(VR A15	ME (5))		neral Home	Rd.,				1981	is fry //	Buody

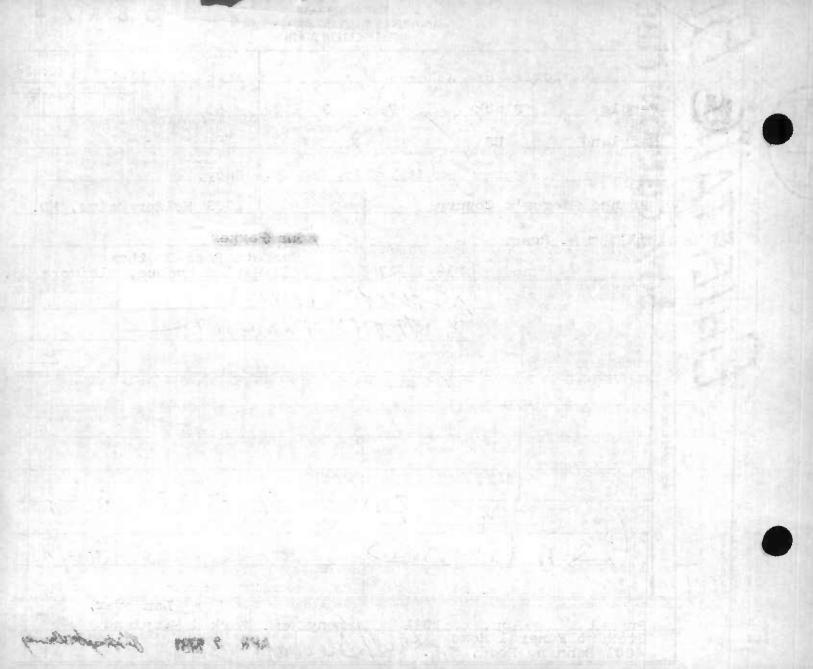


X.	1-	FOR STATE		DEPARTMENT OF HEALT			8413
1		REGISTRAR CEASED NAME FIRE PE OR PRINTI	ST	MIDDLE VISON J	CERTIFICATE OF	20. DATE KNOWN OF ESTI-	
	3. SE	Male Whiz	OMAS DATE OF BIRTH MONTH DAY April 3,	LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER 2	DEATH MATED	3-25 1981 MONTH DAY YEAR 4 3-25 19814
FOREAU PREEDO		IRTHPLACE (STATE OR DREIGH COUNTRY)	U.S.A.	HAT COUNTRY? 8 MAR	RIED NEVER MARRIEI	7. BAHIMORE CITY	Y OR COUNTY OF DEATH
ELAY IS TO THE PAGE SS, SE	6	Cheverly	Prince	SPITAL, NURSING HOME, OR OT ACHITY, GIVE STREET ADDRESS) General	Hospital	120. USUAL OCCUPATION (* FOR MOST OF WORKING LIFE)	TYPE OF WORK TOUS TRY Government
IF ANY DELAY 2, AND 3 TO TH 3. RETAIN PAG 3. RECORDS, NI RECORDS,	13a. S	AL RESIDENCE (IF IN NURSING HE TATE TYPE AND THE TYPE AND	OME OR OTHER INSTITUTION, GOUNTY INCE Geo.	Peltsville	138. INSIDE CITY LIMITS? YES NO	10407 C. 46th	
T., BALTIMORE, MD. 2  VURS AFTER DEATH. IF, 16  VUTH FORM PM. 3. F  VITH FORM PM. 3. F  VITH PORM PM. 3. F		Thomas	wi <b>D</b> re	John , Sr.	15. MOTHER'S MAIDEN Bessie	NAME MODIE	Maloney
HOURS AFTER L HOURS AFTER L M 18. GIVE PAC VG WITH FORN RAMIT. PAGES 1 NE, DIVISION C	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 217 44 0517	Marjorie R.		Is Box 96 chaels, Md.
PEZXECZ		lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR PECKCUTE THOUGH THE WITHIN 24 HOUR PACE AT SHOULD BE EXECUTED WITHIN 24 HOUR PECKCUTE THE CRITIFICATE. WITHING THE WORD." IN PERCIL IN ITEM 18. PACE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITO FUNGERAL DIRECTOR: PACE 3 SHOULD BE USED AS A BURNAL. TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DEATHWARD, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL.	WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  22a I certify that I took of death resulted from: SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)  URIAL, CREMATION, REMOY	(c)  110NS CONTRIBUTING TO DEATH  19b CONDI  S 21b. TIME O HOUR A.A OF DEATH P.M 21e PLACE STREET, FAC	RUT NOT RELATED TO THE TERMINAL DISEA  TION FOR WHICH OPERATION V  FINJURY  A. MONTH DAY YEAR  19  OF INJURY (ATHOME, 11)  TORY, FARM, ETC. 1  Original Suicide  Original Suicide	WAS PERFORMED?  HOW INJURY OCCURRED  DOCATION STREET  Inspection Homicide TITLE (SPECIFY) M.D. Deputy  Address  Address  Address	CITY OR TOWN  Inquiry  Undetermined manner  MEDICAL EXAMINER  T336 LOCATION	COUNTY  and in my apinion  bate 3-26 amp Springs, Md.
DIVISION OF VITAL RECORDS, 20  TO MEDICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTE  TO EXECUTE THE CERTIFICATE, WRITING THE WORD, "FENDING" IN  PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EX- TO FUNNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURRAL  AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND A BALLIMORE, MARYLAND, 21201 PRIOR TO BURLAL CREMATION	230. 8	PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  22a. I certify that I look of death resulted from:  ACTUAL SEGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  URIAL, CREMATION, REMOV BUT 1a.1	(c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	RUT NOT RELATED TO THE TERMINAL DISEA  TION FOR WHICH OPERATION V  FINJURY A. MONTH DAY YEAR A. 19  OF INJURY (ATHOME, 211, 10  TORY, PARM, ETC.]  Soribed above, held on Auto  Accident . Suicide .	WAS PERFORMED?  HOW INJURY OCCURRED  DOCATION STREET  Inspection Inspection Inspection Inspection Committee  TITLE (SPECIFY) ADDRESS  DR CREMATORY Cemetery	CITY OR TOWN  Inquiry  Undetermined manner  MEDICAL EXAMINER  Yburn Ct., Ca	COUNTY  and in my apinion  Date 3-26  EMP Springs, Md.  P. GUNTY Md.

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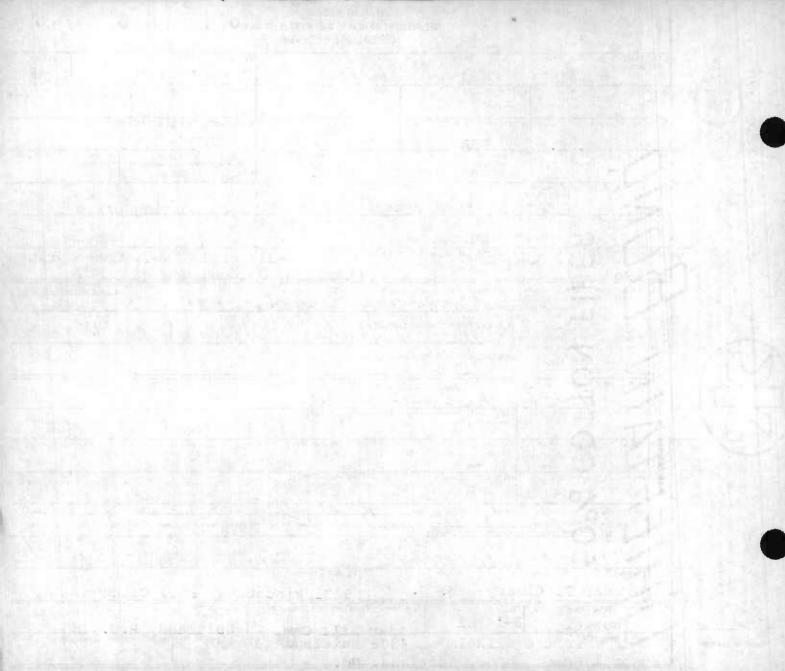


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	BEE SEE	3. SE)		5. DATE OF BIRTH		N YEARS IF I	NDER 1 YR. IF UND		MONTH DA	198/ AY YEAR	M HOUR
	STORES .	1	Place Black	3 -19	YEAR LAST BIE	THDAY) MON		MIN. PRONOUNCED DEAD	3-18	1981	2d. HOUR
	<b>海流科</b>	F.C.	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W		B. MAR	RIED NEVER MA	PRIED 9. BALLIMORE CIT	Y OR COUNTY O	FDEATH	
	2 2 5 S	W	ash.,D.C.		JSA	WIDO	WED DIVO	RCED [ PIMEL	(renges		MD.
	SHARES/	Pa	ty or town of DEATH	(IF NOT IN SUCH F.	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRE	SS)	HER INSTITUTION	12a USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)		KIND OF BUS OR INDUSTR	SINESS
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		14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA			LAST	
	LTIMORE, M FTER DEATH FTER PAGES 1, FORM PM GES LAND 2 GION OF VITA	L	ewis H. Jones		LASI		Jose	phine Harris	on	LASI	
4 -1	PAGE I	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECU	RITY NO.		Ely Place, S.			
	URS AFTER DEATH ORE, WITH FORM P. II. PAGES LAND. DIVISION OF C. D	у		THE CHILD (123)	578528	491	Mrs. El	izabeth Jone	s-siste	er-in-	-law
344	T., B DURS 18. G WIT. P		18. CAUSE OF DEATH (Enter onl	y one couse per lip	ofor (o), (b), and (c).)		44			APPROXIMATE I	INTERVAL
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P	23a. B	JRIAL, CREMATION FEMOVAL I	h DATE	23c NAME OF	CEMETERY	OR CREMATORY	23d LOCATION CHYORTOWN	COUNTY	STA	ATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) March 12, 1981 :20F ELSIE JORDAN 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE IF UNDER I YEAR 5 DATE OF BIRTH IF UNDER 24 HRS MONTH DAY YEAR Female White 25 1900 Feb O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's Wash D. C WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Southern Maryland Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? PG Dist Hats YES [ 2605 Lorring Drive Md NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Mangum Norton 5431 Morris Ave., Camp Springs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Md. L. Jordan, Son No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) NO 0 CERTIFICAT 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? burial-transit p NO YES [ NO [ 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC ) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (ex) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death wild be detached in the State Dept. 22b. SIGNATURE. DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Thomas F. Cleary 9131 Piscataway Rd., Clinton, Md. 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) COUNTY STATE 3-14-81 Burial Suitland Cedar Hill Cem 24 FUNERAL DIRECTOR RObt E Wilhelm ADDRESS 4308 Suitland PATTRECT SO REGISTRAN 1917 FEGISTRAN SOCIAL PRESENTANT OF THE PROPERTY OF THE PROPERT DHMH-16 30M 2/80 (VRA 15, 4) Rd. Suitland Md Funeral Home

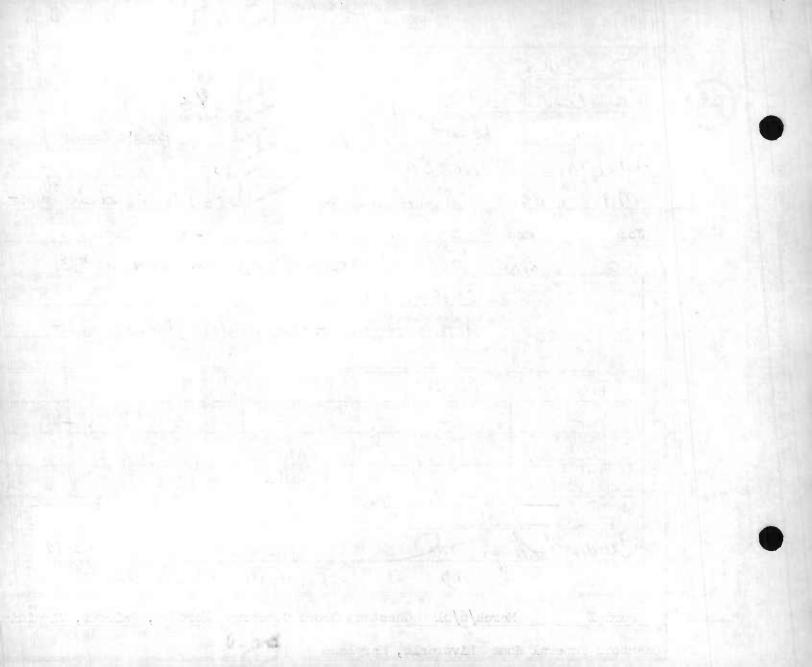


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HTAL OR A by the hos FRAL DIREC e detached State Dept	-	226. SIGNATURE  LULLIN F. A.  226. PHYSICIAN'S NAME (TYPE OF PRIM	mer. rom	DEGREE	PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAL	27c. DATE	181.
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requires that the dea signed by the attenc en please remove car to burial, cremation, / injury, or other tra	z	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART No:
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PHYSICIAN: The physician. his certificate he rial-transit pern Mental Hygiene for Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MO		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART ) OR PART 2]
DING PH ttending After this s the burn th and M marked o	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTTEN tal or a CTOR: or use a of Heal n 21 is		220 I certify that (I) (this had sow the deceased alive above, (I) (we) (did) (did	2 / 1//	19 61	nd that in (my) (our) opinion	death occurred on the date and ha	19, that (In/we) ur and from the causes stated
PITAL CAR by the hospi by the hospi ERAL DIRE e detached for State Dept.		276. SIGNATURE	11/12/1	W		MEDICAL STAFF DIRECTOR PHYSICIAN	The DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detac with the State IMPORTANT:			nelm, M.D.		5601 /	Anopula Parl	KINGANI
BP	230.	BURIAL, CREMATION, REMOV. SPECIFY Burial	23b. DATE 4-2-81		emetery or crematory ncoln Cemetery	23d LOCATION CITY OR FOWN Brentwood	P.G. Marylan
21	24 F	INIEDAL DIRECTOR			Issa DAT	E REC'D. BY REGISTRAR 256.	TRAR'S SIGNATURE
(VRA 15, 4) 1/79	F.	Gasch's Sons	F.H. P.A. Hy	attsville,	Md. APT	13 1981 Line	my Mc Bready

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12	FOR STATE REGISTRA	2	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 8 4 8 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
	1. DECEASED N	AME FIRST	MIDDLE		LAST		(NOWN XX MO		PAR 2h HOUR		
PEASE DIRECTOR. ON FILES.	3. SEX male	ANTH	S. DATE OF BIRTH	LAST BIRTHDAY) MON	KOSLOSKT  UNDER 1 YR. IF UNDER  1 THIS DAYS HOURS	R 24 HRS. 2c. DATE	MŌI		FAR 9 H35R		
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RE, MD. 21201 AATH. IF ANY DELAY IS ES 1, 2, AND 3 TO THE! PM 3. RETAIN PAPER TWO 2 SHOULD BE FILED CANTAL RECORDS. 701	130 STATE	Pr.		ty or town  Rainier	13d. INSIDE CITY LIMITS? YES NO 🗆	130. STREET ADDRE 4521 -	SS				
ORE, MD. DEATH. III. AGES 1, 2, AMB MA. INAND 2 SI		iolph ASED EVER IN U.S. AR/		Sloski OCIAL SECURITY NO.	15 MOTHER'S MAID FIRST Anna 17, INFORMANT	EN NAME MI		iedzyn: -Kimbar			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 NAD 2 BALTIRODE, WARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conce gove cous lying	IDEATH WAS CAUSE IMMEDIA: litions, if any, which rise to immediate (o) storing the under- cause last.	' BV	nary thromb		ART 1 (g).		BEIWERN	DNSEI AND DEATH		
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DIVII THIS CER E, WRITIN EWARDED PAGE 33	AT WOR	NOT WHILE D	STREET, FACTORY, FARM	S, ETC.)	STREET	CITY OR TOV		COUNTY	STATE		
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4 100 BP	Buri:	RECTOR	3-7-81		eaven Cem	Silve:	r Sprin	Mont R'S SIGNATURE	. Md.		
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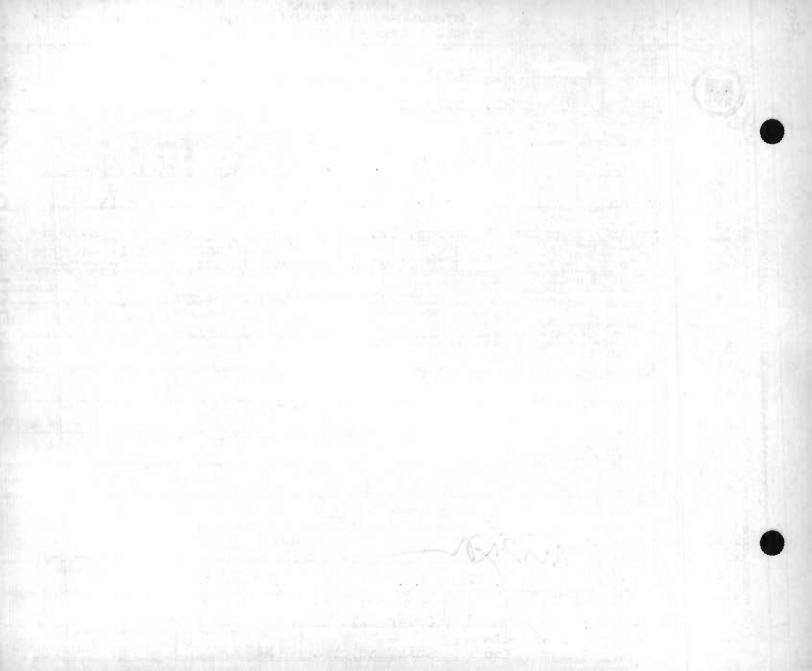
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BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND 3	O AS A BURIAL TRANSITI PERMIT. PAGES I AND 2 SHOULD BE CATTH AND MENTAL HYGINIS. DIVISION OF VITAI RECORDS, CREMATION, OR REMOVAL.	130. S MA	RYLAND	MONT G	Y	13c. CITY	ORTOWN		TESXX NO [	50	1 BR	ess OADWOO	D DR	IVE		
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2000	1 × ×		ACTUAL SIGNATURE	HX	MAGA	w		AA	Assistar	it MEDIC	AL EXAM	AINIED	DATE	ED .	3/4/8	1
2 = 3	ORE AT	-		11	-		1			MEDIC	ALEXAN	MINEK	SIGN			
A SECTION SECT			(TYPE OR PRINT)	Horme	ez R. Gua	rd,M.	D.		ADDRESS 111	Penn	Stre	et,Ba	lto.	MD :	21201	
TO MEDICAL EXAMINER: THIS CERTIFE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO	DA &	23o.B	URIAL, CREMATION, R	EMOVAL 2	b. DATE	23c. h	NAME OF CE	METERY OF	RCREMATORY	23d LOC	ATION			INTY	ST	ATE
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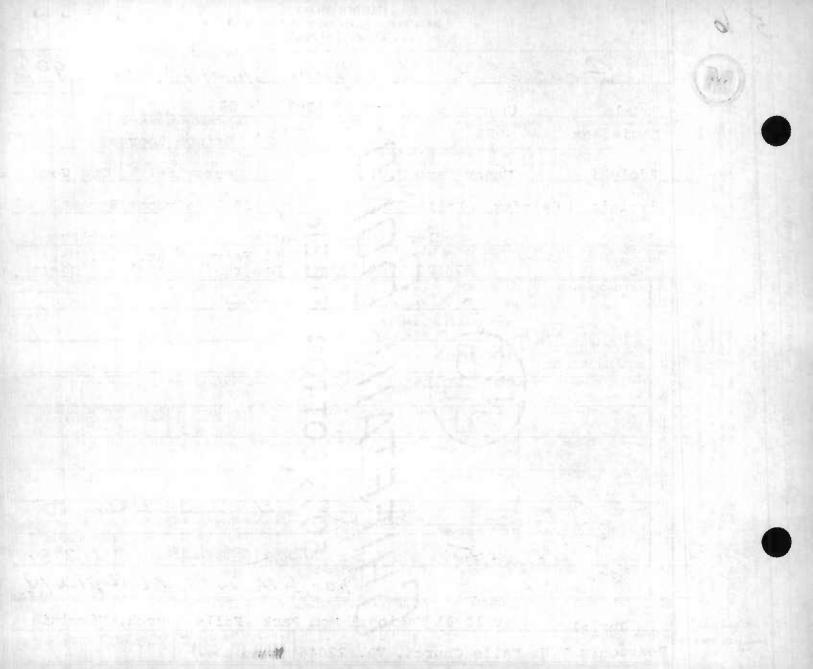
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		YPE OR PRINT)	WIDDLE		LASI	20. DATE KNOWN OF ESTI-		AY YEAR 2b HOUR
<b>公司品居</b>	1	Rebekah	McNeil		LANCASTER	DEATH MATED		///
北島県	1 12 2	4. RACE	S. DATE OF BIRTH YEAR	AGE (IN YEARS IF UN	DER 1 YR. IF UNDER 24	MIN. PRONOUNCED		YEAR 24 HOUR 3:39
3 3 5		female white	Mar. 25,03	77 YRS.		DEAD	3 10	6 19 81 a M
A S E E	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRII	ED NEVER MARRIED			
南京 × ×	47	rirginia	USA	WIDOW	43	1		County MD.
5. 东京园	71		11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Prince George	ING HOME, OR OTH	ER INSTITUTION	20. USUAL OCCUPATION FOR MOST OF WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY
2007	1	Cheverly			p. (DUA)	Sales Lady	(ret)	Retail
201 AD 3 CORE	7 130	JAL RESIDENCE (IF IN NURSING HOME O STATE 13b. COUN	TY 13c. CITY C	PORE ADMISSION)	13d INSIDE CITY LIMITS? 13	3e. STREET ADDRESS		
# KAM 5#			r Geo Suit	land	YES X NO .	5002 Silve	r Hill	Road
A TANA	1// 14.1	FATHER'S NAME	MIDDLE	ST	15 MOTHER'S MAIDEN	NAME		LAST
A SAN A		rthur Harri			Annie	Belle		awson
TIMOR TER DE FORM ON ON ON	16a.	WAS DECEASED EVER IN U.S. ARI YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	AL SECURITY NO.		ughter ADDR	3812 G	awayne Te
MALTIM JES AFTER E. GIVE PA WITH FOR DIVISION	/ _	No -	579	22 3713	Frances H	Eybers	Silver	Sprg, Md
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	y one cause per line far (a), (b),	and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STA PERSON	5	4029	DUE TO, OR AS A CONS	EOUENCE OF				
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DIVISION OF VITAL RECORDS, 201 W PRESTON ST SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORDS "PENDING" IN PENCIL IN TEM IS PEDED TO THE CHIEF MEDICAL EXAMINES ALCO E 3 SHOULD BE USED AS A BURIA. "PANSIT REPAIR E DEPARTMENT OF HEALTH AND MENTAL HYGER."	\$ .		CONTRIBUTING TO DEATH BUT NOT RELATE	O TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1	1 10		
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A THE WENT T	2 2 3	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH [	DAY YEAR 21c. HC	W INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
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ATE. SHE	9	220 I certify that I taak charg	e af the remains described above	, held an Autaps	sy 🔲 . Inspection [	. Inquiry .	and in my apinia	in
NAWN NE PROPERTY	₹	death resulted fram: Natu	al causes X, Accident	, Suicide	, Hamicide .	Undetermined manner	<u> </u>	
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*#P*	آي	SIGNATURE /	VIXI	M.	D Assistan	MEDICAL EXAMINER	DATE SIGNED_	3-16-81
EDIC NES DE A S	\$ 1	EXAMINER'S NAME	nn M. Dixon, M	D	111 Pa	enn St.		
X ECC.	7	(TIPE OR PRIINT)			ADDRESS			
7004	230.	BURIAL, CREMATION, REMOVAL (SPECIFY)	3b. DATE 23c. NA	ME OF CEMETERY OF	R CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
400 J.BP	F	Burial	20Mar81 Ce	dar Hill	Cemetery	Suitlan	d PG	Md
DHMH - 17	24	Robert E. Wi	lhelmodress			4004	REGISTRAR'S SIGN	ATURE
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Pearson; s F.H. Falls Church, VA. 22046

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STATE OF MARYLAND

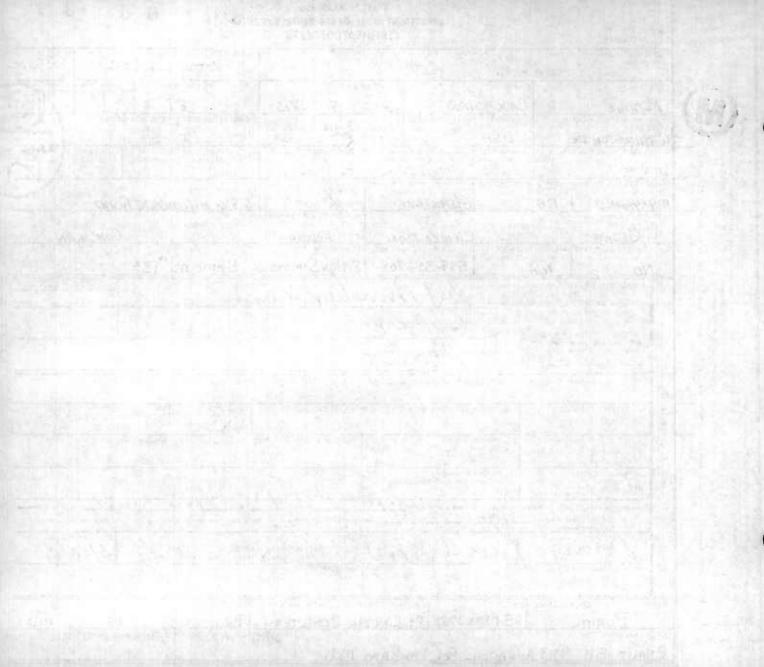


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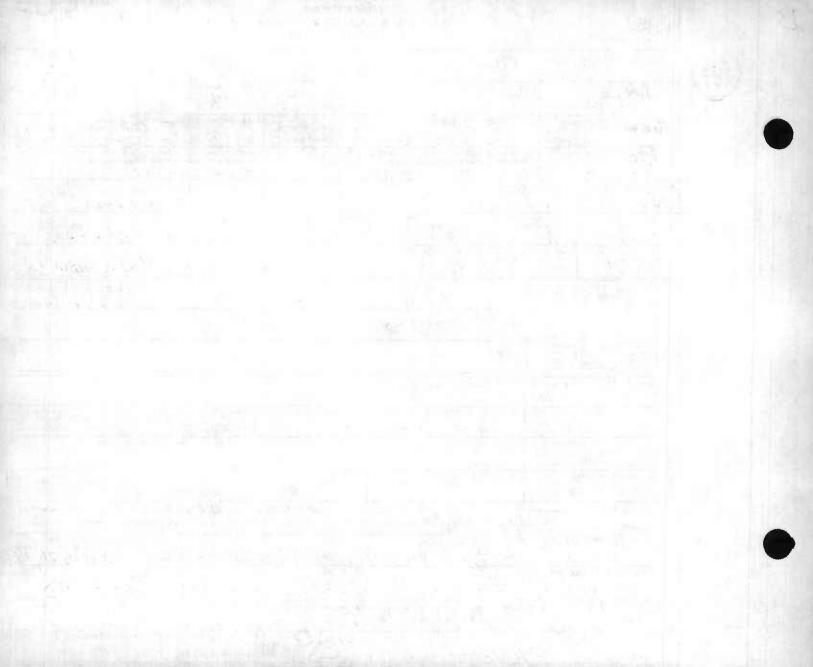
6	3	1.	FOR - STATE REGISTRAR	DEPAI	RTMENT OF HEAD	F MARYLAND LTH AND MENTAL HYO ATE OF DEATH		8 -, 8	8	
	e		CEASED NAME FIRST	G. Lefkowitz	LAST		REG NO.  20 DATE OF DEATH MONTH  March 2, 1981	DAY YEAR	1 PM	
	ge 4 may	3 SE	Male	4 RACE White	5. DATE OF B	21, DAY 1917 AR	6 AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN	
•	deoth. Po	70 B	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTR USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Prince Georg		MD.	
101	by the fu		ITY OR TOWN OF DEATH  Laurel	11. NAME OF HOSPITAL, NUR 8815 Hawthorn	e Lane	OTHER INSTITUTION	126 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING LIFE   126 KIND OF BUSINESS O INDUSTRY  PARTS dept Ford Auto			
AND 212	filled in hould be	USU 130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU			d INSIDE CITY LIMITS?	13. 8815 Hawthorn	Age ne Lane	ency	
MARYL	ompletely ond 2 si	14 F.	ATHER'S NAME LEWIS L	efkowitz LAST	15	Jeannette		LAST		
BALTIMORE,	be execution and co	1	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)   I IF YES, W	RMED FORCES? 166 SOCIAL SE 216 05		Verna Left	ADDRESS Kowitz			
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00	TO HOSPITAL  TO HOSPITAL  TO FUNERAL  should be de  with the Stote	230	J. JON C.	MARIANO	547 248	1340	23d LOCATION Park Laurel,	de Rd		
UU	BP		Burial UNERAL DIRECTOR			25 - 25 AF	Park Laurel		STATE	
	OHMH - 16 60M 1/75 (VR A 15 (4))		NAME Donaldson	Funeral Home, T	Laurel, M	id i	M T A 1901	1	7	

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		REGISTRAR			CERTIFICATE OF DEATH	REG. N		
9 7 4		ECEASED NAME	Emma M.	LEIGH	LAST	20. DATE OF DEATH March		4:56a.1
d year	3. SE	X	4. RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BE		R IF UNDER 24 HRS
4	1	EMALE	CAUCAS		SEPT 5 1893	8	MONTHS DAYS	
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o) the led will be soften	1	ITY OR TOWN OF DEA		UCH FACILITY, GIVE STREET ADD	HOME OR OTHER INSTITUTION OF Pr. Geo. Co.	120 USUAL OCCUPAT		OF BUSINESS OR
5 212	130.	AL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTIO			13e. STREET ADDRESS		
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MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	C 14. F.	GEORGE	MIDDLE	CIEMENTSO	15. MOTHER'S MAIDEN N	MIDDL€	Corco	AST D DA 1
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13		1	FOR - STATE REGISTRAR	DÉ	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	0 8 4 9 0
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AL RECORDS,	he pur	CERTIFICATION	190 DATE OF OPERATION	-	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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DIVISION OF VIT	NG ndir	MEC	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY,		CITY OR TO	WN COUNTY STATE
٥	or atte		220.1 certify that (I) (thus hosp	Hel) attended the deceased	fram19_	76. to MARC	19 5 , that (4-(we) lost
	P 7 7 4		saw the deceased alive an	MARCH 21  P) view the bady after death.	198/ and that in (my) (our) ap	man death accurred on the d	ate and haur and fram the causes stated
	hospital hospital bIRECT hed for ul		276. SIGNATURE	1/0/	DEGREE		22c. DATE SIGNED
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	40 HOSPITA Petained by the TO FUNERAL should be detained with the State IMPORTANT:		NORMAN K	· DOHRE	K, 111) 323/30	IPERIOR LANE	DOWIE, MD
120	(1	23a.	BURIAL, CREMATION, REMOVAL	2/1/0	23c. NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	COUNTY STATE
100	/ BP	24.5	1-)CLRIAL UNERAL DIRECTOR	13/24/81	DACREPHEART Ceme		PR. Geo. M.
	DHMH-16 25M (VRA 15, 4) 1/79	1	NAME L CALL	ADDR	ESS Ol Bill	MAR Z 4 1981	25b. REGISTRAR'S SIGNATURE
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on its after of the fulled with		TY OR TOWN OF DEATH Linton	Sour The	HEACHTY ONE STREET	PRESID d	Hosp. Cent	12a. USUAL OCC	MOST OF WORKING	LIFE) 126 KIND OF BUSINESS OF COUNTY TRUCTI
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MARY omplet ond 2		Benjamin	E.	Lewis		Alice		D.	Hyatt
timore, be executed an and a street of the s	16a. V	VAS DECEASED EVER IN U.S. AF	EWAR OR DATES)	228-09		Willie R.	Lewis	Same a	as 13
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs outending physician.  Ifer this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbanappers. Pages I and 2 should be fill th and Memal Hygiene prior to burial, cremation, or removal.	NOI	Conditions, if any, which gove rise to immediate cause to, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OF		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physicion. TO FUNERAL DIRECTOR, After this certificate has should be detached for use as the buriol-transit p with the State Dept. of Health and Mental Hygian IMPORTANT: If hem 21 is marked or them 18 show	MEDICAL	21d. INJURY OCCURRED	(AT HOME, STR	e deceased fram	2-26 71 . on	street  19	, to3 ·	the date and h	19

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6	1	FOR STATE REGISTRAR	DEPA	RTMENT OF H	EOF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES   REG. N	0 8		2
noy be		CEASED NAME FIRST CLYD	E W.	LIGG	ETT		MONTH DAY 03 04		26 HOUR 3:10 P
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neral dire		IRTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76 CITIZEN OF WHAT COUNTR	XX3 8	NEVER MARRIED	9 BALTIMORE CITY OF PRINCE GEO	R COUNTY OF		MD
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BALTIMORE, cote be execu-	160	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)  (IF YES, G	NRMED FORCES? IVE WAR OR DATES)  166 SOCIAL SE 718 14		Helen L. Swar	tz Hyatts	sville,	Md.	
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	スツグスタタ	23a.B	URIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. NAME Mem	orial G	R CREMATOR'	Y 23d. L	OCATION		COUN		STATE
rine	BP	74 E	Burial UNERAL DIREC		Mar 16,81	River	dale Ba	etist	B. DATE REC'D. B		Prince			ld.
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11830 Jet Humpshire Ave

(VRA 15, 4) 1/79

4	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 8 I	<b>0</b>	8 4	9/		
		CEASED NAME FIRST	MIDDLE LAST					26. DATE OF DEATH MONTH DAY YEAR 26 HOL					
9 E	LIAME	OR PRINT) WILMA		Т.	LUCA	S			03	05 81	10:15P.		
e (mm)	3. SE.		4. RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	211		
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g #	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPRIE	□ NEVER	MARRIED -	9. BALTIMORE CITY	OR COUN	TY OF DEATH			
de the state of	W	. Virginia	U.S.A		WIDOWE	DX D	MORCED	Prince Ge	orges		MD.		
i de re	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUPA	TION		OF BUSINESS OR		
o s s s s s s s s s s s s s s s s s s s	C1:	inton		Mary1and		ital		Cafeteria			Service		
d within 24 hour pletely filled in and 2 should be	130. S Ma	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW Suitland	13d INSIDE CITY LIMITS? YES <b>X</b> NO 15. MOTHER'S MAIDEN NAM								
MA ed was			Bascombe	Thompso	n		Nannie	B		Coo	per		
IMORE, ne execut Poges 1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	ANT	AR9	RESS 1	Box 389	9		
be exe for ond rs. Poge		No No	GIVE WAR OR DATES	235-18-9	9655	Alle	n J. Lu	cas, Jr.	White	Plains	. Md.		
ibs, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 quires that the death certificate be executed within 24 hours signed by the attending physician and completely filled in by then please remove corbonopers. Pages 1 and 2 should be fill to burial, cremation, or removal.	NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(b)	R AS A CONSEQUE	ENCE OF	NOT RELATED	DIOTHE TERM		NDITION G		25		
A RECOR	TIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	NGS USED OF DEATH?		
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion.  If this certificate has been sign as the buriol-mosti permit. Then the and Mental Hygiene prior to be orked or them 18 shows any injury orked or them 18 shows any injury.	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.		AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN					
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R ATTENDII hospitol or RECTOR: A ned for use spt. of Heolt		220.1 certify that (1) (this had sow the deceased alive above, (1) (we) (did) (did	on 3 - 9	19 8	3 -	d that in (my)	( <del>our)</del> opinion o	, to	date and ha	our and from the	that (I) <del>(we</del> ) last causes stated		
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20523 BP	23a. E	SURIAL, CREMATION, REMOVA	3/9/81	. Va.1	shing	emetery or ton Nat	'l. Cen				aryland		
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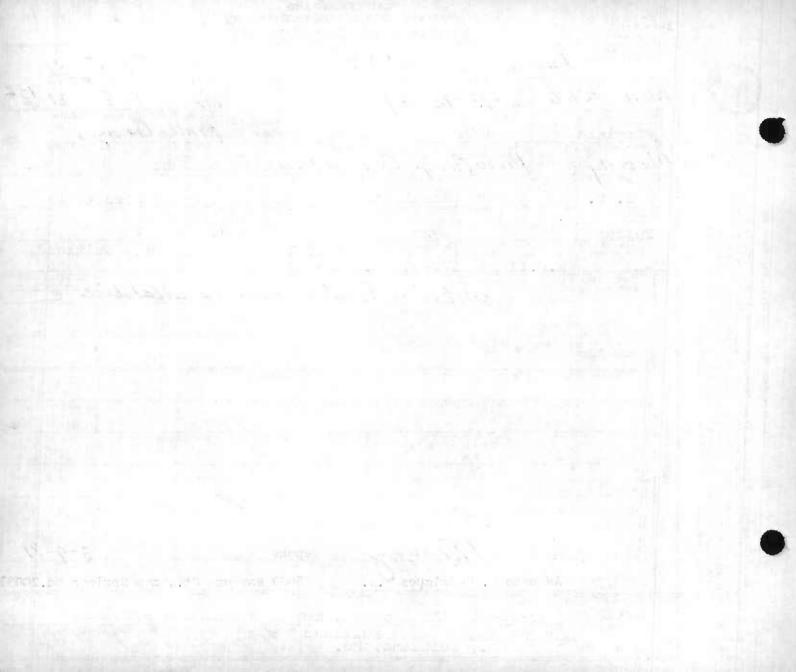
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wavid N. Nobb, M.D. 9101 Indian Dame Pray., Oxon Mill, MM.

Turini 3/9/31 Marulagton Mat'i. Cem. Guitland ... Maryland clon Oxoo Mill Ed. Jectra F. Enlas Muneral Edec Oxon Bill, Md.

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(M	T S S S S S S S S S S S S S S S S S S S	SEX	Vale White	5. DATE OF BIRTH	YEAR 6. AGE (IN	YEARS IF U		R 24 HRS. 2c. DATE  MIN PRONOUNCED  DOMAD		DAY YEAR 24 HOUR
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392	102/34	C	reverly	pringe	SPITAL NURSING HO	ener	al Hope	FOR MOST OF WORKING LIFE Dependen	N (TYPE OF WORK 12b	OR INDUSTRY
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY D GIVE PAGES 1, 2, AND ITH FORM PM 3, RETAIN	7 178	13a. S1	D. C. V	R CITHER HISTITUTION, OF	Washing		13d INSIDE CITY LIMITS? YES NO	1404 Young	g Stree	t, #B
RE, MD EATH. 1	DOTAL MATAI		THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME MIDDLE		LAST
ST., BALTIMORE, MI OURS AFTER DEATH 1B. GIVE PAGES 1 5 WITH FORM PM	A BUT		Felix VAS DECEASED EVER IN U.S. ARA	ACD FORCES	Lynn	OLA VIII		ary J.	?	
LTIM FOR	Sion	(AE	S, NO, OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)				ilver Park		
RS A GIN	PAG	Y	ES W.W.		<u>579-05-2</u>	035	llames L	ynn, Nephew		Md.
5, 201 W. PRESTON ST., I CUTED WITHIN 24 HOUR "' IN PENCIL IN ITEM 1B. EXAMINER ALONG W	TRANSII NTAL HY OR REMC		Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost.	(b)	AS A CONSEQUENC	E OF		edir Vascu		
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "ENDING" RDED TO THE CHIEF MEDICAL	SHOULD PARTMER RIOR TO	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M	MONTH DAY YE	AR	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
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CAL EXAMINER: THE CERTIFICATE SHOULD BE FOR	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION,		220: I certify that I taok charge death resulted from: Nature ACTUAL SIGNATURE	e of the remains des		Suicide	osy [], Inspection ], Homicide [], TITLE (SPECIFY) A.D. Deputy	Undetermined monner  MEDICAL EXAMINER	ond in my apinio	3-9-81
TO MEDI EXECUTE PAGE 4	AFTER DE BALTIMO	23a Bl	EXAMINER'S NAME (TYPE OR PRINT)		odriguez M		ADDRESS	Rayburn Ct.,C		
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DHMH (VR A15	H - 17 ME (5))		neral Director Robt :	E Wilhe.		Suit	land 250 DAG	REE O BY REFLIENCE 256	EGISTRAR'S SIGN	VATURE -



STATE OF MARYLAND

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F. Gasch's Sons F.H. P.A. Hyattsville, Md.

FOR - STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

HOURS

# 103

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

STATE

Md.

3 days

DAYS

Frame

COUNTY

P.G.

198

22c. DATE SIGNED

3-4-81

4:55A

IF UNDER 24 HRS

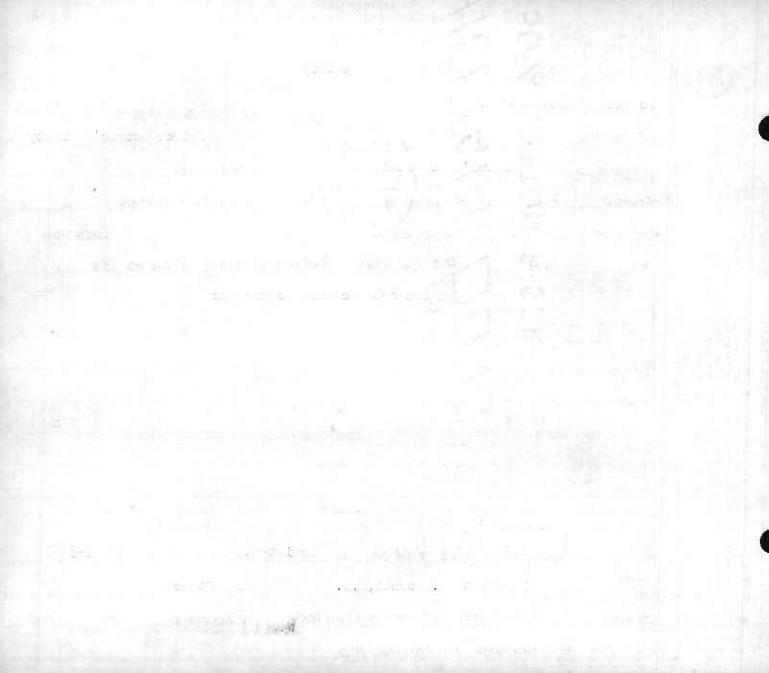
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AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBNE, DBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	- 1		s, il any, which ta immediate	-)	b)											
Š		cause (a)	stating the under-	< '		AS A CON	ISEQUENCE	OF								
		lying caus	e last.		c)										10000	
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	CERTIFICATION	a DATE OF	OPERATION	196	CONDIT	ION FOR	WHICH OPER	ATION	WAS PERFOR	RMED?		-		-	120 AUTOPSY	12
	윤														YES E	No. [7]
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3			OR G CAUSE OF D		OUR A.M.	MONTH	DAY YEAR			. OCCORRE	D (ELLIER IAN)		IN IIEM IDF	- CAFAR		
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DELAT IS NECESSAR 3 TO THE FUNERA IN PAGE 5 FOR 10 BE FILED, WITHI RDS, 20 W. PRES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	We	RTHPLACE (STATE OR DREIGN COUNTRY)  St Virgini		U.S.A.		WIDOV		DIVORCED	Prin	ce Geo	rge's	Count	
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335	130. S M	aryland	136 COUNT		13c. CITY OR TOWN Greenbel			LIMITS? 130. ST	REET AD SE	ss uthway	Road	i	
3		Randolph	olph McHenry Unknown						LAST				
1	16a V	VAS DECEASED EVER ES, NO, OR UNKNOWN}	IN U.S. ARM (IF YES, GIVE W	AR OR DATES)	233 76 948		Mary M	. Mcllen	ry Sa	me as	#13	(Wife)	
ACTION, OR ACTION	NC	Canditians, if a gave rise to cause (a) stating lying cause last.  PART 2 OTHER SIGNIFICAM	immediate the <u>under</u> -	(b)	AS A CONSEQUENCE	Duo OF	DISEASE OR CONDITION GIVEN IN PART 1 (o).						
T	MEDICAL CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORME	D?				20 AUTOPS	
3	CAL CER	210 EXTERNAL CAUS	OR		MONTH DAY YEA	R 21c. H	OW INJURY O	CCURRED (ENTER	R NATURE OF INJ	JRY IN ITEM 18 PA	RT 1 OR PART		
	MEDI	216 INJURY OCCURI WHILE NOT AT WORK AT W	WHILE	21e PLACE ( STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY OR TOW	VN	COUN	ντγ	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE WRITING THE WORD" FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE S SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL-IRANSIT PERMIT. PAGES 1 AND 23 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MEALTHMORE, MARYLAND, 21201 PRIOR TO BURIAL. CREMATION, OR REMOVAL.		22a. I certify that death resulted fram	taak charge Natura	Zolan	Accident , s	100	Hamicide TITLE (SPEC	CIFY)	Inquiry etermined ma	nner,	DATE SIGNED		
	Βü	URIAL, CREMATION, R	EMOVAL 23	5/12/81	23c NAME OF CE	METERY C	en Ceme	tery S	OCATION YORTOWN ilver	Spring	COUNT	itg. M	state 1d.
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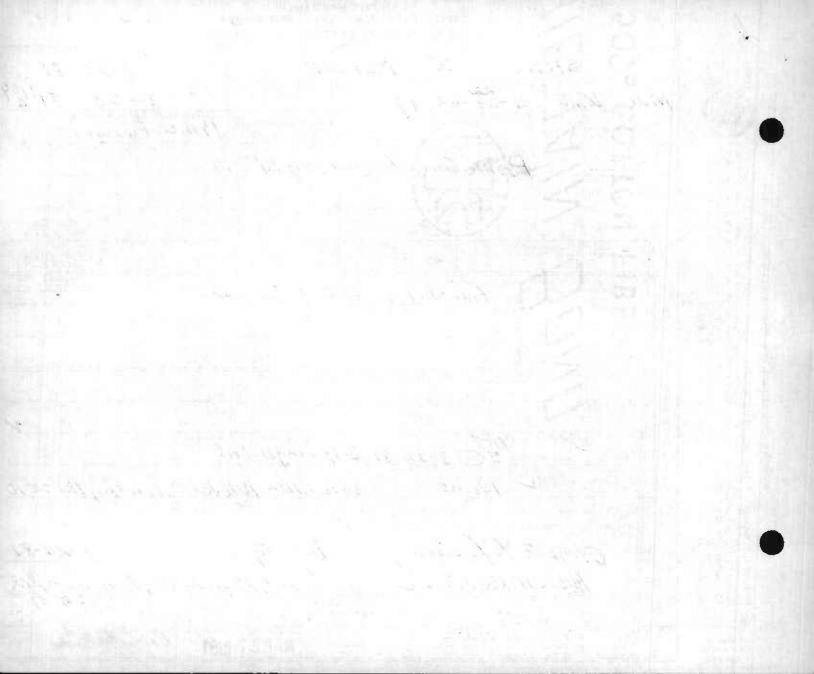
ne		REGISTRAR CEASED NAME FOR PRINT)	FIRST		MIDDLE	ı	AST	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1			Thoma		oseph	MEDY		March 30,			4:15p. M
(M)	3 SE	Male		4. RACE White		Jul'	y 6, DA 1.920 YEAR	6. AGE (IN YEARS LAST BIR	THDAY)  IF UN  MONTH  YRS.	DER I YEAR	IF UNDER 24 HRS
193	7a B	COUNTRY Canada	OREIGN	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Prince G			ty, MD
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.	filling in	13a S	AL RESIDENCE (IF NURSING TATE 136	COUNTY P. G.	ER INSTITUTION.	GIVE RESIDENCE BEI	NWC	134. INSIDE CITY LIMITS?	13a STREET ADDRESS 11619 34t	h. Plac	ce	
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ow.	See 4		No	TES, OIVE WAR	ORDATES	215-38-	4018-A	Henry Menge		No #	# 13e.	
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TE o			22a L certify that (1) (thi saw the deceased of		311 Th		01	nd that in (my) (our) opinion	death occurred on the	date and hour	,	that (I) (we) last
A Spirt	d for pt. o pt. o	-	obove, (I) (we) (did) 22b. SIGNATURE	(did not) vie	w the body	ofter deoth.	,	DEGREE		0010 0110 11001	224 DATE	
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PLEASE ICTOR. FILES. HOURS STREET,	1. DECEASED NAME (TYPE OR PRINT)	Stev		Wade M	ERS	ON	OF DEATH	KNOWN MONT ESTI- MATED 3-	33 1981	26. HOUR
DIRECTOR. OUR FILES. 172 HOURS ON STREET,	Male 1	Uhrte	5. DATE OF BIRTH	YEAR LAST BIRTHE		DER 1 YR. IF UNDER 24	HRS. 2c. DATE MIN. PRONOUN DEAD	ICED 3 - 3	DAY YEAR	1189
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T SEGT	CHEVERLY	y	Prince	ITAL, NURSING HOM ILIT GIVE STREET ADDRESS!	E, OR OTHE	Asspilal	20 USUAL OCCUP FOR MOST OF WORL STUDENT	PATION (TYPE OF WOR KING LIFE)	OR INDUSTR	SINESS Y
SETAND 3	USUAL RESIDENCE (15-13) STATE MARY LAND		GEORGES	RESIDENCE BEFORE ADMISS  131, CITY OR TOWN  BELTSVILL	.E	13d. INSIDE CITY LIMITS? TO THE SECOND STATE OF THE SECOND	34. STREET ADDRE	STONE HAL	L DRIVE	
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T. PAGES 1 All DIVISION OF	160. WAS DECEASED E' (YES NO OR UNKNOWN	VER IN U.S. ARM ) (#FYES, GIVE W		212-84-3		EDWARD E.	MERSON	SAME AS	13 FATH	ER
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PAGE 4 SHOULD TO FUNERAL DIS AFTER DEATH, W BALTIMORE, MAI	EXAMINER'S NA			Lucz		ADDRESS 2009	Ruy burn	oct, des	y Stuys	KR
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20	1-	FOR STATE		DEPARTMENT OF	HEALTH	AND MENTAL HYGIENE	0 8	5 1 1
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ION ST., BALTIMC 124 HOURS AFTER ITEM 18. GIVE PA ITEM 19. GOOG WITH FO PERMIT PAGES I IGENE, DIVISION		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly one cause per lime ED BY: ATE CAUSE (o)		Í	THOSE THIS PROPERTY.	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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L RECORDS, 3CULD BE EXECULD BE EXECULD BE EXECULD BE A SELECT A SET A SELECT A SELEC	NO	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	OUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (a).		
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A SECTION OF SECTION O		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YEA		NJURY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PART 1 OR P.	ART 2)
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TO MEDICAL E EXECUTE THE O FORMER AND TO FUNER RHO AFTER DEATH. BALLIMORE, MA	ecs	EXAMINER'S NAME 146	usto RK	odvichez	2	ADDRESS 500 9 Ray MILES	um Ct-, B	up Smys, Mi
AT D PB PAGE	- (:	IRIAL, CREMATION, REMOVAL PECIFY) BURIAL- REM	3/25/81	23c. NAME OF C		R CREMATORY 23 d TOCATION CITY OF TOWN		NEY O STATE 31
DHMH- 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR	ADDRES:	s	110	25c. DATA RECD. Y REG		
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FOR 1 - STATE

(VR A 15 (4))

Hyattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Huntt Funeral Home Waldorf, Marvland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

76 HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

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254 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNED 3-4-81

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

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س ∪ م س س		iverdale		Leland	Memor	ial Hosp	oital		Coal M			Coal Mi	
A SEAN	130 S	AL RESIDENCE (IF	IN NURSING HOME	OR OTHER INSTITUTION		OR TOWN		IOE CITY LIMITS?	13e. STREET AD	DRESS			1134
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ORE, N R DEA AGES AND		nroe				ller	E	nnice		MIDDEL	De	olinger	413
FTER DEATH. IF E PAGES 1, 2, FORM PM 3. ES 1 AND 2 SPON OF MITALS	16a. V	VAS DECEASED I	EVER IN U.S. AF	RMED FORCES?	166. SOC	IAL SECURITY N	10. 17. INF	ORMANT		ADDRES	Addres	ss Same	
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VITAL RECORDS, 3 SHOULD BE EXEC ONDS "PENDING" E CHIEF MEDICAL BE USED AS A BUI TI OF HEALTH AND RIAL, CREMATION,	CERTIFICATION	190 DATE OF C	PERATION	196. CON	DY ON FOR	WHICH OPERAT	ION WAS PER	FORMED?				20 AUTOPSYS	NO []
IVISION OF VITA CERTIFICATE SHG TING THE WORD DED TO THE CH DEP SHOULD BE UI DEP REPORTO BURIAL,		210. EXTERNAL UNDERLYING CONTRIBUTING	OR	HOUR A	OF INJURY L.M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE C	F INJURY IN ITEM 18	PART 1 OR PART 2	7)	
BIVISION  R. THIS CERTIFIC  TE, WRITING TH  REWARDED TO	MEDICAL	21d. (NJURY OC WHILE AT WORK			E OF INJURY ACTORY, FARM, E		21f LOCATION STREET	٧	СПТУО	RTOWN	COUNT	Υ	STATE
XAMINEI ERTIFICA ID BE FG INECTOR WITH THE ARYLAND,		220. I certify death resulted ACTUAL SIGNATURE		ge of the remains of urol causes	Accident Odicy			micide	Undetermined  MEDICAL EX	monner ,	DATE SIGNED	3-3-	81
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNETHE AFTER DEATH, BALTIMORE, MA	Cape of			sto P. R					Rayburn		np S <b>p</b> ri	ings, M	d.
	230.B	URIAL, CREMATION PECIFY	ON,REMOVAL			NAME OF CEME			23d. LOCATIO		COUNTY	ST	ATE
O BP	24 54	Bur UNERAL DIRECTO		3-5-81	]Wh:	ite Top	Gap Ce		White		Grayso	n Virg	inia
DHMH - 17 (VR A15 ME (5)) 15M 7/77	F	Gasch!	s Sons	F.H. P.A	. Hyat	tsville.	Md.	MAF	REC'D. BY REGIS	RAR 238 RES	TANK S. C.	JIRE JIRE	

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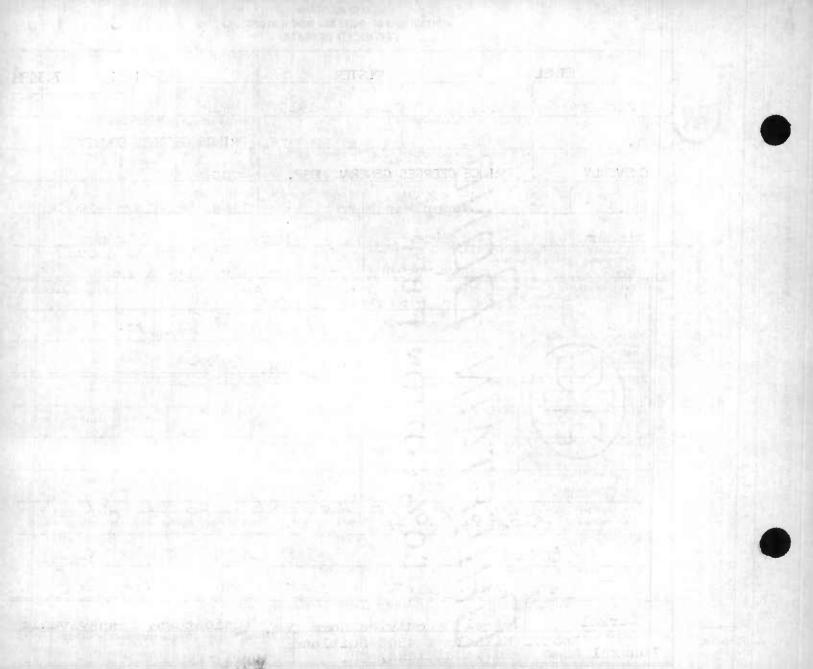
STATE OF MARYLAND

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DHMH-16 30M 2/80 (VRA 15, 4)

		FOR	DEPA		OF MARYLAND EALTH AND MENTAL HY	GIENE 8		0.8	13	1 6
	1 -	STATE REGISTRAR			CATE OF DEATH	OILINE AP	REG. NO.	0	7	. 0
		CEASED NAME FIRST	MIGDLE	i.	AST	20 DATE OF		ITH DAY	YEAR	26 HOUR
	(TYPE	ETHEL	Mae	MOL:	STER		03	-01-81		7:30PM
	3. SE	X	4. RACE	S. DATE C		6. AGE (IN Y	EARS LAST BIRTHDAY		DER I YEAR	IF UNGER 24 HRS
-		Female	White	June	2 1918	62		YRS.	S. DAYS	HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMO	RE CITY OR CO		EATH	
	_	Pa.	USA	WIDOWE	NEVER MARRIED L		CE GEORG	GES CO	INTY	MD
-		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME C		12a. USUAL C	OCCUPATION	121	b KIND OF	BUSINESSOR
74		CHEVERLY	PRINCE GEOR		RAI HOSP		c for most of wo	RKING LIFE) IN	IDUSTRY	
		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)						
21	130. 5	Md. P			13d. INSIDE CITY LIMITS?	13e STREET			-	1 2 4
	14. FA	THER'S NAME	G Upper	Marlb	15. MOTHER'S MAIDEN N		8 Wood	Lawn	BIVO	1
1.1		Richard	MICOLE		FIRST		MIDDLE	D	LAST	
CU	160 V	VAS DECEASED EVER IN U.S. A	HICO ARMED FORCES? 166 SOCIALS		I7. INFORMANT	гу	AMOREES		ner	
1			GIVE WAR OR GATES)					as A		3
1		No	1187-2	2-1001	Arnold Cr	itzer,	Son-i	n-law	7	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per line for (a), (b	Land (cl.)	. 0	#		-	BETWEEN	NATE INTERVAL
			ATE CAUSE (0)	aid	oc cener	<i>X</i>	100			
		4100	DUE TO, OR AS A CONSE	EQUENCE OF	To Mener	.00	2.0	a		
		Canditians, if any, which	(b)	all	le univer	iani	rysi	6/		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF	1. 1	0	10			
		underlying couse lost.	(c)	- Cu	ino genee	Cho.	ar.			
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITIO	ON GIVEN IN	PART 1/o	1
	CERTIFICATION							ALEY		
9	Si CA	190. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTO	IPSY? 206	CERTIFYING	CAUSES (	GS USED OF DEATH?
1	E					YES 🗌	NO	YES 🗌		NO 🗌
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LUCUR LA MONITU	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTERNA	TURE OF INJURY IN	ITEM 18, PART 1 O	R PART 2)	
1	S	(IF EITHER NOTIFY MEDICAL EXAMIN		19				41.00		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM FIC )	211. LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
	~	AT WORK NOT WHILE AT WORK		2.4	1 - 1		. /	4 -		
			pital) attended the deceased fro	om	26 19 X	/ to	03/0	19_	8/1	hat (I) (we) last
		saw the deceased alive obove. (1) (we) (did) (did)	not) view the body often death.	9 5/ , of	d that in (my) (aur) apinia	n death accurre	d an the date o	nd haur and	from the c	ouses stated
		226 SIGNATURE	(A)		DEGREE			7	22c. DATE S	IGNED
	3	Mele	weller		ATTENDING PHYSICIAN	MEDICAL	STAFF		3-2	2-81
		224 PHYSICIAN'S NAME (TYPE	R	11000	220 ADDRESS		019	(0)		1
		T / lde	inandez.	70	P66H	5 MC	Chec	iers	ile	E)
	23a. P	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCA	TION			
	(	Burial				CITY	ORTOWN	Dom	NTY	STATE
	24. FU	JNERAL DIRECTOR Robt	D M-1	Sulviar	Hgts Com	ATE REC D. BY R	EGISTRAR 25h	REGISTRAR'S	SIGNATI	vanıa JRE
		uneral Home	E Wilhelm ADDRI	4308	guitland			Malanto and 1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Jugada
	T	anerar nome	Rd., Suit	land, N	ia.	MAD 1 0	1481		1	

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10	I	tem #6 per pho	one call w,	DEPARTMENT OF HEALT		34 0-1	(818gj ) 8		
, Dodge	1-	STATE REGISTRAR Per Ph	MI	EDICAL EXAMINER'S			10		
1/22	1. DE	CEASED NAME FIRST	call with	MIDDLE -4/3/81 GB	LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOUR		
	{11y	PE OR PRINT) Anne	e Fi	oet Moo.	RE	OF ESTI-	B 3-281981 M		
)	3. SE	male White	5. DATE OF BIRTH	YEAR LAST BIRTHERAY) MO	JNDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD 3	MONTH DAY YEAR 24 HOUR		
-		SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF V	VHAT COUNTRY?	RRIED NEVER MARRI	- 9 BALTIMORE CITY	OR COUNTY OF DEATH		
33	V	irginia	U.S.A.						
74	198	heverly	II. NAME OF HO (IF NOT IN SUCH D.O.A.	OSPITAL, NURSING HOME, OR O FACILITY, GIVE STREET ADDRESS)  Prince George (	ther institution General Hosp	Por Most of Working Life)  Dep t. Manage	PEOF WORK 12b KIND OF BUSINESS OR INDUSTRY Hecht Co.		
25	130. 5	ALRESIDENCE (IF IN NURSING HO) STATE 13b. CO  Maryland Pr.	ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Forest Heights	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 103 Mohican I			
-	14. F	ATHER'S NAME	MIDDLE	LAST	IS. MOTHER'S MAIDE	N NAME MIDDLE	LAST		
21		Harry		Tunstall Flee		M.	Warren		
)	160.	WAS DECEASED EVER IN U.S., YES, NO, OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	575-16-1388	Sandra Web	Route 3, Bo	n, Virginia		
		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per ly				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
AL.			DIATE CAUSE (a)		uliu fuln	no nay dist	all		
W A	18	Canditians, if any, wh		R AS A CONSEQUENCE OF					
HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	1	gave rise to immedia	ate (b)				A STATE OF THE STA		
5		lying cause last.	DUE TO, C	R AS A CONSEQUENCE OF					
		PART 2 DINER SIGNIFICANT COMPITIO	(c)	N BUT NOT RELATED TO THE TERMINAL DISE	ACT BR COMPLETON CHIEN IN BAR	12.1			
	Z	THE POINT OF THE PROPERTY OF T	CONTRIBUTING TO BENE	A SOL MOL KECKLED ID ING LEKKINAL DISE	ASE DE CUMUITION GIVEN IN PAR	(1.1.6).			
-	J ĕ	190 DATE OF OPERATION	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?						
7	김 일						YES NO M		
-	CERTIFICATION	210. EXTERNAL CAUSE WAS		OF INJURY 21c	HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 1			
-	N N	UNDERLYING OR CONTRIBUTING CAUSE O		M. MONTH DAY YEAR M. 19					
	MEDICAL	214 INTURY OCCUPPED	21e PLACE	OF INJURY (AT HOME, 211 L	OCATION				
	*	WHILE NOT WHILE	STREET, FA	CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE		
	1	22a I certify that I taak ch		escribed above held as Auto	apsy , Inspection	Ta Iranian Fa	and in my existed		
			atural causes	Accident . Suicide	Hamicide .	Undetermined manner	and in my apinian		
		gearn resulted fram: No	atural causes	Accident L., Suicide L.	TITLE (SPECIFY)	Undetermined manner			
		ACTUAL THE	eusts 4	Kodepus/	Deputy	MEDICAL ENAMEDED	DATE 3-30-81		
200		SIGNATURE 1	1	1118	M.D	MEDICAL EXAMINER	SIGNED		
		EXAMINER'S NAME AUE	usto P. Re	odriguez M.D.	ADDRESS 5009 R	ayburn Ct., Ca	amp Springs, Md.		
	23 a. l	BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	1 23b. DATE 4/2/81	23c. NAME OF CEMETERY National Mem	OR CREMATORY	Falls Church	COUNTY Virginia		
-	24.1	FUNERAL DIRECTOR		6160 Orean H433	DA 1754\644 8	ACD. BY REGISTRAR 251 REC	GISTRAR'S SIGNATURE		
))		NAME	ADDRE	55	7 77 33				
7	Ge	eorge P. Kalas	Funeral H	ome Oxon Hill,	Md.		/		

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Maryland Pr. George Cores Melichts ( T ) 103 Fontosa Drive

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Funeral Home, Waldorf, Maryland

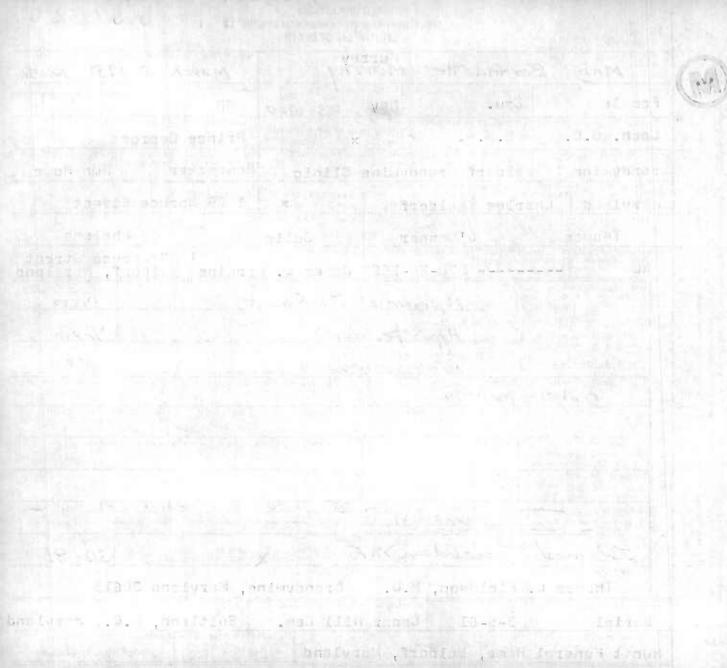
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DHAH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



$\mathscr{L}$	1.	FOR STATE		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	085	2
	1. DE	REGISTRAR CEASED NAME FIRST		MIDDIE		AST DEATH	REG. N	O. MONTH DAY YEAR	2b. HOUR
9 000	(TYPE	Jose Jose	ph	н.	NEI	SON	March 10.	1981	12:15A M
om GM	3 SE		4. RACE		5. DATE C	FEB 28,1900	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAY	
Poge direct.		ale	Black	WHAT COUNTRY?			81	YRS. PR COUNTY OF DEATH	
John 72 Jan 72 J	6	SOUTH CAROLIN	A USA		WIDOWE		Prince Ge	eorge's	MD.
- 6 +0 =//		1inton	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET IN MARY LAR	ADDRESS)	pital	17a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTR	OF BUSINESS OR
NND 212	USU. 13a S	360	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	WOOD STREET	
MARYLAI mpletely found 2 sho	14 FA	ATHER'S NAME	WIDDLE	ŁAST		15. MOTHER'S MAIDEN NA.			LAST
BALTIMORE, MARYLAND 2120) cote be executed within 24 hours is ysicion and completely filled in by papers. Pages 1 and 2 should be file wol. It, the medical exegiine must be ag		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU	2517	17. INFORMANT LOTS L. GAL	ADDRE NIECE 2	SUITLAND,	
ECORDS, 201 W. PRESTON ST.,  aw requires that the death certifu been signed by the attending ph frinti. Then please remove carban a prior to burial, cremation, or remo any injury, or other traumatic ever	CERTIFICATION	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAIL OF OPERATION 19 DATE OF OPERATION	DIATE CAUSE (0)	RASACONSEQUE RASACONSEQUE CONTRIBUTING TO E ACCIONAL	NCE OF PLANT BUT	Coussins (ale l failure NOT RELATED TO THE TERM LUTONICA N WAS PERFORMED	NN AL DISEASE OR CON	PATION GIVEN IN PART  WE HEAT CH  20b. IF YES, WERE FING IN CERTIFYING CAUSE YES IT	SINGS USED
DIVISION OF VITAL R. DING PHYSICIAN: The Is or attending physicion. After this certificiate has after this certificiate has east he burol-transit per of the ond Mental Hygiene marked or them 18 shows	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK	DEATH HOUR A.  P.,  11e. PLACE (  (AT HOME, STR	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	71r. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		STATE
OR ATTEN he haspital DIRECTOR: racked for us		27a. I certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did) 27b. SIGNATURE	d nat) view the bady	7 1 1.	•		death accurred on the di	77c. DA1	, that (I) (we) last the causes stated TE SIGNED
TO HOSPITAL Creatined by the TO FUNE Should be detected with the State DIMPORTANT. If		27d PHYSICIAN'S NAME (TO		13.1981731	YWOOT	27e ADDRESS	23d. LOCATION	COUNTY	STATE
7401 BP		BURIAL	PIRIT	1,1,0,1			SUITLA	עווי, ועווי	
DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	UNERAL DIRECTOR	200	ADDRESS	1	"MA"	EREL BY REGISTRAR	256, REGISTRAR'S SIGN.	ATURE

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11	2	11-	FOR STATE				MENT OF	HEALTH		ENTALH			0	8	.5	2	2
	10		REGISTRAR		M		EXAMIN	ER'S		CATEO			REG. NO				200
	2 a a a a a a a a a a a a a a a a a a a		ECEASED NAME (PE OR PRINT)	Hert	pert	Patri	ck		Newma	an.	2	OF DEATH	MATED	MONTH	19 1 <sup>s</sup>		2h HOUR
	SHOW SHOW	3. SE	X	4. RACE	5. DATE OF BIRT	Н	6. AGE (IN YE.		DER 1 YR.	IF UNDER		c. DATE		MONTH	DAY	YEAR	2d HOUR
	NS NS	Ma	ele	White	Mar. 17		84 YI	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HS DAYS	HOURS	MIN. P	RONOUN	CED	3	19 1	,81	10;17
	GESSAL JERAL OR YOUR ITHIIN	1 5	OREIGN COUNTRY)	ATE OR	76. CITIZEN OF	WHAT COUN	NTRY?		IED X NE		IED L		ORE CITY O	-	TY OF DE	ATH	
	AND SAN		ew York	25 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	U.S.A.			WIDOV					e Geoi	9			MD.
	IY DELAY IS NECESSARY, BLAD 3 TO THE FUNERAL DIRECTORAL PROPERTY FIND BEFLED, WITHIN 72 HOURDS, 201 W. PRESTON STEEL		Cheverl	У	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Prince George's General Hospital  Electrician					ING LIFE	TYPE OF WORK 126 KIND OF BUSINE OR INDUSTRY  Local # 2			Y			
21201	AND 31 RETAIN FECORD	13a.	AL RESIDENCE ( STATE <b>irginia</b>	13) CO'UI	or other institution, NTY oline	13c. CITY	OR TOWN	,	13d. INS10E (I	NO [	13e. STRE	te #	1 Box	114	-В		7
A.	AL AL		ATHER'S NAME						15. MOTHE	ER'S MAIDE							
	A PM		ohn		F.		wman		Anna	RST	758	MI	DDLE		Pefi	er	
¥	PACORA		WAS DECEASED	EVER IN U.S. AL	RMED FORCES?	16b 500	CIAL SECURIT	Y NO.	17. INFORA	TUAN			ADDRESS				as
BALTIMORE	AFT AAGE AAGE AISIO		Yes		W.I	578	-10-296	60	Lil	lian	E. Ne	wman		No#	13e.		
S. 201 W. PRESTON ST	CUTED W IN PEN EXAMIN RIAL - TR JON, OR		Condition gove ris couse (o) lying cou	is, if any, which e to immediat stating the under se lost.	ATE CAUSE (o)	OR AS A COM	NSEQUENCE (	OF OF				r dis	ease		beiwe	EN ONSET	AND DEATH
RECORDS	TE SHOULD BE EXEMORD "FENDING" FECHIEF MEDICAL SE USED AS A BU ENT OF HEALTH AND SHOUL, CREMATING THE SHOULD SHOUL	ATION					WHICH OPER				KI I · a ·				20 AU	TOPSY?	
Z	SHOULD ORD "PE CHIEF A CHIEF A T OF HE	E S													YE	s XX	№ П
DIVISION OF VITAL	CERTIFICATE S TIING THE WO SED TO THE 3 SHOULD BE DEPARTMENT PRIOR TO BU	MEDICAL CERTIFICATION	214 EXTERNA UNDERLYING CONTRIBUTION	L CAUSE WAS OR NG CAUSE OF	DEATH P	OF INJURY M. MONTH .M.	19	2	OW INJURY	OCCURRE	D (ENTER N.	ATURE OF INJU	URY IN ITEM 18 I	PART I OR P			
SIVIO	THIS CERTII WARDED T PAGE 3 SH TATE DEPA 21201 PRIC	MEDI	214 INJURY C	NOT WHILE AT WORK		E OF INJURY actory, farm, I			CATION			CITY OR TOW	VN	cc	YIMUC		STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF NO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	2	220. I certification of the control of the certification of the certific	Uwsqu	rge of the remains of wrat causes (1).  Wirginia	Accident	, Su		, Homic	specify) sistai	Undete		nner .	DATE SIGN	ED	3/20	/81_
		23a.	BURIAL, CREMAT	ION, REMOVAL	23h. DATE 3-23-81		NAME OF CE		RCREMATO		CITYO	CATION			INTY	STA	TE (A)
	BP	74	FUNERAL DIREC	ial	3-23-81	G	ate of	неач	en Cel	750 DATE	ECP AN	VEL S	Pring	STRAR'S	SIGNATU	RE /	iu.
	DHMH - 17 (VR A15 ME (5) )				F.H. P.A.	Hyat	tsville	e, Md		part	-		4		No.	/	
	15M 2/80																

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3	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	08523
(ma)	1. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	10 110 011
a (25M)	J	AMES A	NEWTON	03	31 81 5:07A <sub>M</sub>
0 4	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
recto urs o	Male	Black	Sept. 3, 1903		YRS.
death. Po	7a. BIRTHPLACE (STATE OR FORE COUNTRY) Virginia	The CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	
to ofter softer of the lifed will be softer of the life of the lif	CHEVERLY	PRINCE GEO. NU	RSING HOME OR OTHER INSTITUTION RESTADDRESS) CARE CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Retired-Po	
AND 212 AND 212  ( filled in hould be formust be	Maryland Maryland	G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BI 33 COUNTY 130. CITY OR T Glen Arden	OWN 13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 8423 Hamlin	Street
MARYLA ted within ampletely ( and 2 sho	14 FATHER'S NAME FIRST  Henry New			Newton	LAST
IMORE,	160 WAS DECEASED EVER IN IYES, NO OR UNKNOWN) I	I U.S. ARMED FORCES? 166 SOCIAL S IF YES, GIVE WAR OR DATES] 214 14	ECURITY NO. 17 INFORMANT 7 2819 William N	934 Fiske Av ewton-son-	venue-Lanham, Maryland
if., BALT	PART I. DEATH WA	(Enter anly ane couse per line for (a), (b) S CAUSED BY.	offiple CVA,	n	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S he death cer te attending smove carbo mation, or re	Canditians, if any, gove rise to imme		OUENCE OF 2 G.T.	Bleeding	
201 W. Pes that the ned by the please re-	underlying cause	lost.	OUENCE OF	AINI AI DISEASE OD CONDITIO	N. GIVEN IN PART VICE
ORDS, require require to Then for to be for to by injury			ICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
A hove	STIFIC			YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
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DIVISION OF VIT  DING PHYSICIAN:  or ottending physic  and Affer this certificate  e as the buriol-trans  olth and Mental Hyg  marked or them 18 si	21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	E THOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN TOR Africa Corruse a coffer use a cof	saw the deceased	his haspital) attended the deceased fra alive an 3 1111111111111111111111111111111111		death occurred an the date an	d haur and from the couses stated
by the has by the has by the has by the has ERAL DIREC e defoched State Dept	22b. SIGNATURE	1. Abler	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN [	22c. DATE SIGNED H. 1. 81
C HOSPITAL etdined by 11 TO FUNERAL fhould be detailed the State when the State with the State whomas who will be set as the state with the S	Hassa A	A. Molau,		dove Rd	. Clever 17 , 11d.
3 505	230 BURIAL, CREMATION IN (SPECIFY)  Burial  24 FUNERAL DIRECTOR		NAME OF CEMETERY OF CREMATORY 81 Maryland Nat	ionl Laure  te REC'D. BY REGISTRAR 25b. RI	el, Maryland STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	- NAME1/0	neral Home-4001	Benning Road, NE	- 40004	EGISTRAR'S SIGNATURE

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6	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 1	0 0	3 5	2. 4
nay be page 3 transfer death	I. DECEASED NAME (TYPE OR PRINT)	EDNA MIDI	E. NUTWELL	.ST	2a. DATE OF DEATH	03 09		26. HOUR 9:30AM
Page 4 mo	Female	white	5 DATE O	DAY YEAR		YRS.	UNDER 1 YEAR	HOURS MIN.
death. Performer of the property of the proper	Marylan	- Y	MARRIED WIDOWE	D DIVORCED	PRINCE GE	ORGE'S	COUNTY	MD.
n by the filed with	CHEVERL		SPITAL, NURSING HOME O		12a USUAL OCCUPA	T OF WORKING LIFE)	INDUSTRY	BUSINESS OR
LAND 21  LAND 21  Lin 24 ho should be should be	13a CHE d	THE COUNTY 13	CCCVS Landing	13d. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN N	13, STREET ADDRES	1ghuire	wDr	ibe
E, MARY complete complete	Thoma	MIDDLE  MIDDLE  VER IN U.S. ARMED FORCES? 16	LAST JUHUPL B. SOCIAL SECURITY NO.	A PIRST	MIDDLE	RESS	Offe Offe	0
BALTIMORE.	INE NO OR UNKNOWN		118129346	Jean Har		anec		MATE INTERVAL INSET AND DEATH
201 W. PRESTON ST., BAL is that the death certificate ed by the ottending physici please remove carbon popel rirol, cremotion, or removal or other traumotic event, th	Canditions, if gove rise to cause (o), s underlying c	DUE TO, OR A DOING THE COLUMN (b) DUE TO OR A DOING THE COLUMN (b) DUE TO OF A DUSE LOST.	Gognse of NCE OF	cho pre	umonu	P		
ALRECORDS, in the low require to bos been sign if permit. Then prior to but how sony injury.	THE CATE OF OP		DN FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES (	GS USED
PHYSICIAN: PHYSICIAN: this certifical he buriol-from and Mental Hy cd or frem 18	OR CONTRIBUTING  (IF EITHER NOTIFY  21d. IN JURY OCC  WHILE NO	CAUSE OF DEATH HOUR A.M. MEDICAL EXAMINER) P.M.  URRED 21e PLACE OF	MONTH DAY YEAR	216. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	3.7	OR PART 2)	STATE
ATTENDI or Section or CTOR: A for use it of Heolin m 21 is m	22a.1 certify the	(I) (this hospital) attended the deased alive an the did not) yet the bady aft	er deoth.	d that in (my) (our) opinion	, ta 3/1	date and hour a	nd fram the c	
ERAL D	22d. PHYSICIAN	ry Koma	Sin L	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL ST DIRECTOR PHYS		3/4	9/8/
TO HOSF retained TO FUN should be with the	230 BURIAL, CREMATI	RY ROSENBERG, MA		6501 LANDO	VER RD. CH	EVERLY,	MD.	
BP	Thinal Printer of the Control of the	3-13-	-81 Friend	aide	TE REC'D. BY REGISTRA		R'S SIGNATI	Md
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Hadre	1. DE	REGISTRAR CEASED NAME (E OR PRINT)	FIRST WA		MIDDLE	nara	LAST	ATE OF DEA	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR 25. HOUR
	3. SE)	( 4. RAC		S. DATE OF BIRTH	YEAR 6. AGE (I LAST BILL L	N YEARS IF U	NDER 1 YR.	HOURS MIN.	PRONOUNCED DEAD	0 /	DAY YEAR 2d HOUR
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RE, MD. 21201 EETH. IF ANY DELAY IS N EEST, 2, AND 310 THE RI A PM 3. RETAIN PAGE AND 2 SHOULD BE FILED. F VITAL RECORDS, 201 W	C	heverly		FINCE L	PITAL, NURSING HO	xnew	HER INSTITUTI	bital FOR	UAL OCCUPATION ( MOST OF WORKING LIFE)	TYPE OF WORK 12	NIND OF BUSINESS OR INDUSTRY
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DEATH ORE, MD	14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		FIR		MIDDLE		LAST
ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY 11B. GIVE PAGES 1, 2, AND G. WITH FORM PM. 3. RETA MIT. PAGES 1 AND 2 SHOUL		VAS DECEASED EVER ES, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 228-22-0		Medic	ant cal Chart	ADDRE	SS	
201 W. PRESTON S. UTED WITHIN 24 HO IN PENCIL IN ITEM EXAMINER ALONG RIAL - TRANSIT PERM OM, OR REMOVAL.	z	Conditions, gave rise to cause (a) stating lying cause last.	IMMEDIAT any, which immediate g the <u>under-</u>	DBY: E CAUSE (a).  DUE TO, OR  (b).  DUE TO, OR  (c).	as a consequen	CE OF	E OR CONDITION (	GIYEN IN PART 1 (a).			BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RI HIS CERTIFICATE SHOULD WRITING THE WORD "PE ARARDED TO THE CHIEF A AGGE 3 SHOULD BE USED. ATE DEPARTMENT OF HE 11201 PRIOR TO BURIAL, O	MEDICAL C	UNDERLYING CONTRIBUTING 21d. INJURY OCCUR WHILE NOT AT WORK AT W	CAUSE OF D	HOUR A.M. P.M. 21e PLACE C	MONTH DAY Y	EAR 21f LC	CATION STREET	SCONNED (FINAL	CITY OR TOWN	COUNT	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHEECUTE THE CERTIFICATE. WRITING THE WOR PAGE 4 SHOULD BE FORW MEDED TO THE CIT OF UNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PROR TO BUILD		22a I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME ITYPE OR PRINT)	Aus	e of the remains despond causes , , , , , , , , , , , , , , , , , ,	Accident .	Suicide	TITLE (SPE Depu	ECIFY)	DICAL EXAMINER	and in my apini ],  DATE SIGNED.	3-/0-8/ prings, Md.
522548	23a.B	URIAL, CREMATION, F	REMOVAL 2	36 DATE 3-14-81	23c. NAME OF	CEMETERY C	R CREMATOR		OCATION ORTOWN	COUNTY	
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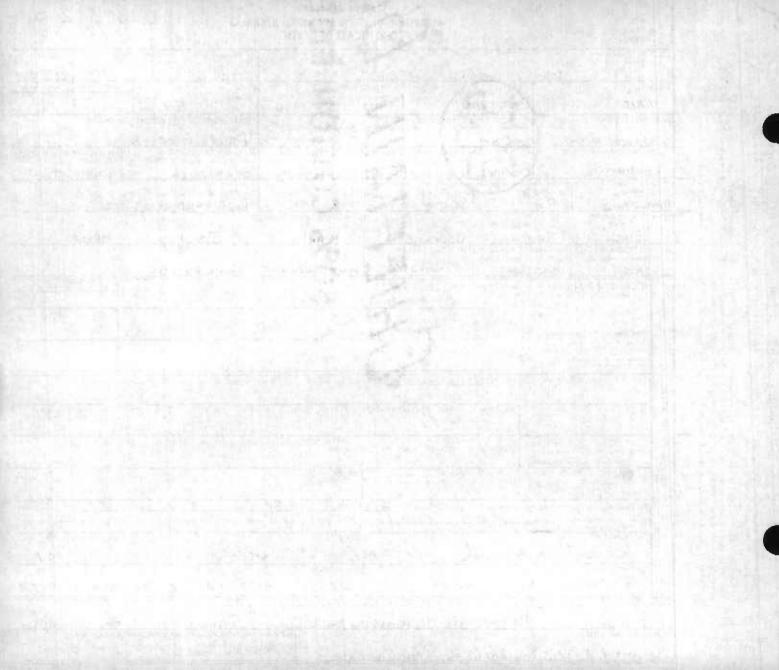
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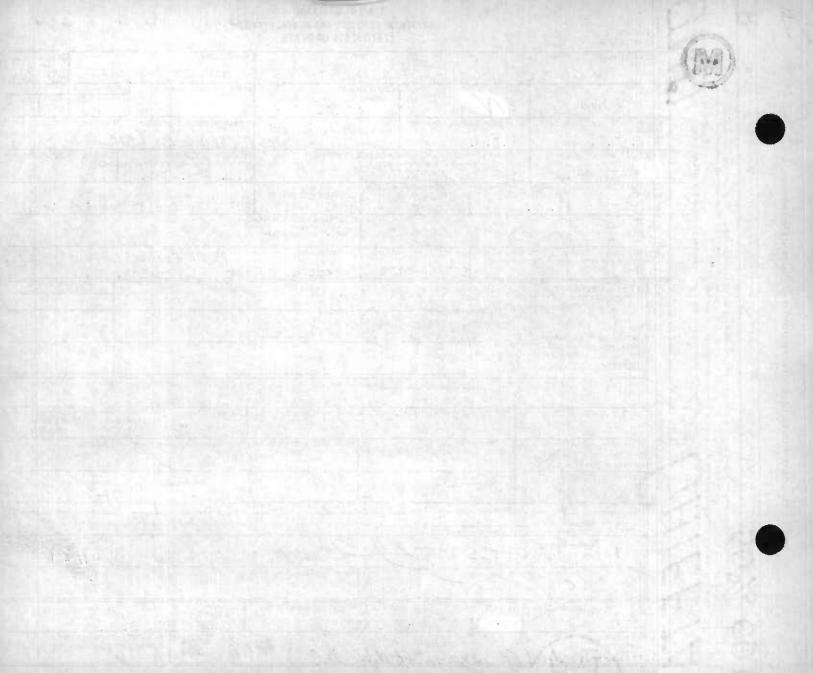
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oge 4 may be rector, page 3 urs after death	20 p	3. SE			4 RACE		5. DATE (	H DAY	YEAR	6 AGE (INYE		N	IF UNDER I YEAR	IF UNDER 24 HRS
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P)	motic e	3	4910	MMEDIAI		DAS A CONSTO	UENICE OF	0						
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res t gned n ple burio	טיץ, סי	3.	PART 2. OTHER SIGN	IFICANT C		ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	ORCONDI	TION GIVI	EN IN PART 1(c	) 1
The The	5	CERTIFICATION												
by e low rin. In. hos been permit. Ine prior	àuo G	CAT	19a DATE OF OPERATI	ON	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTO			, WERE FINDIN	
Hio in	Show	E								YES 🗌	NO	YES	S 🗆	NO 🗆
Hy Hy	8		210. ACCIDENT WAS UNDE				DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERNAT	URE OF INJURY	IN ITEM 18. PA	ART I OR PART 2)	
PEAS IYSICIA ding pl s certif buriol-t	Ife a	MEDICAL	(IF EITHER NOTIFY MEDICA			.M.	19							
PHY PHY PHY endir	ō	VED	21d. INJURY OCCURRE			OF INJURY	E. FARM, ETC.)	21f. LOCATIO			CITY OR TOWI	Z	COUNTY	STATE
A control	orked	1	AT WORK NOT WHILE	ŧ 🗆				7.			1			
ENDIR to fat or DR: A	E		22a.1 certify that (1) (	this hospit	tal) attended t	he deceased from		11/8/	_, 19_8/	, to	3 16		19_8/	that (I) (we) las
Ed Foo	21		saw the deceased above, (I) (we) (di	d alive	View the body	y after death.	8/.0	nd that in (my)	(our) opinion	death occurred	on the dote	e and haur	and from the	causes stated
OR A behon DIREC	Her		226. SIGNATURE		1.	^		DEGREE		/			22c. DATE	/ /
At the	T. H.		Glean	wom	Hars	d	1		PHYSICIAN 5	DIRECTOR [	STAFF PHYSICIA		3/	8/81
HOSPITAL ned by th FUNERAL uld be det	AM	1	236. PHYSICIAN'S NA	ME (TYPE'O	R PRINT)			22e ADDRES	S		77.27			
	MPORTAN		GERAPA	30 1	M GA	CAP		6492	2 LA	NDOVE	e po	LA	MARER	MO
10 ge Odg	₹		BURIAL, CREMATION, R	EMOVAL	23b. DATE	23	NAME OF	EMETERY OR O		23d. LOCA	TION			
BPD	1		BURIAL		II MAR	1981	ASHING	L'TAN NOT	Cem	101	AND		PG.	MD.
DHMH-16 30M 2/8	0	24 F	JNERAL DIRECTOR					NAME OF TAXABLE OF				b. REGISTI	RAR'S SIGNAT	URE
(VRA 15, 4)		6	PRANT F. H.	9013 V	Anaina	is Rol LA	whom	md.	3/1/	KT31	981	query	10/01 C	resorty
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STATE OF MARYLAND

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	1.	FOR	DE		E OF MARYLAND EALTH AND MENTAL HYO	BINIE	08	5 2 8
1	P	- STATE REGISTRAR			ICATE OF DEATH	REG. I	NO	
A)	1. DI	ECEASED NAME FIRST	WIDOLE	01	AST .	20 DATE OF DEATH		ZEAR Zb. HOUR
	3. SI	20415	4 RACE	5 DATE O	ner DE BIRTH	6 AGE (IN YEARS LAST BE	IRTHDAYI IF UNDER	I YEAR IF UNDER 24 HRS
		Female	NEGRO	MONTH		78	MONTHS YRS.	DAYS HOURS MIN
- 1-60	2	SIRTHPLACE (STATE OR FOREIGN EQUINTRY)	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH .
		ITY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	WIDOWE NURSING HOME O	D DIVORCED D	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION 12b. N	IND OF BUSINESS OR
10		LINTON, MD.	CLINTON HOS	PITAL		D.C. Gov.		
35	130	STATE 136 COL aryland P. G	INTY 13c. CITY O	RTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 22901 Free	derick Doug	alas Ave.
1	14. F	ATHER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NA	ME		LAST
60	1	ANDREW STANDFI	ELD		EDITH TYLER			
1	160.	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	L SECURITY NO.	17 INFORMANT			Douglas Ave
-				0-4179	Robert H. Pa	1mer /	Aquasco, Mo	J
i i		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line far (a), ED BY	(b), and (c)	M.		BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
0	13	IMMEDIA	ATE CAUSE (a)	M	[1]		-	
0		4100	DUE TO, ORAS A CON	ISEQUENCE OI	ment	^ ·		
tra		Conditions, if ony, which gave rise to immediate	(b)	110		1		
othe		couse (a), stating the underlying cause lost	DUE TO, OR AS A CON	ISEQUENCE OF	- If I			
lury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN IN P.	ART 1(a)
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
1	E					YES NO	YES [	NO [
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	JURY IN ITEM 18, PART 1 OR P	ART 2)
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY OR TO	OWN COUN	ITV CTATE
	2	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	SIREE	. 5 9 7	DOA	· 5 /7/PM
		22a.1 certify that (1) (this hasp	oital) attended the deceased	from	19.8	_, to J/de //	, 19	, that (1) (we) last
7		sow the deceased alive a	n ot view the body after death.	_19, or	nd that in (my) (our) opinian	death accurred on the	date and hour and fro	am the couses stated
	16	Th SIGNATURE	600000	1/1	DEGGETY	/		DATE SIGNED
		IN- IN	N \$0 88	/	ATTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 3	1181
MPOKI AN		Rd PHYSICIAN'S NAME TYPE	OR PRINTI		27# ADDRESS	N.		
-	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		BURIAL	4/1/81	ROCK CRE		WASHING'		
7		UNERAL DIRECTOR	1 /11 ADDA	RESS	25a. DA	REC'D. BY REGISTRA	R 25b. REGISTRAR'S S	GNATURE
		Norrow+ Woodfer	d F.H. 1622-11	->7. IV. N	. D.C.		1	A A



5	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIÊNE (C) Q C C C C C C C C C C C C C C C C C C	
<b>2</b>	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE 1 0 8 5 2 9  REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	
2×28E	DECEASED THE STATE OF THE STATE	. HOUR
ARY, PLE CORPORATION OF THE PROPERTY OF THE PR	SEX  4. RACE  5. DATE OF BIRTH  YEAR  6. AGE (IN YEARS   FUNDER 1 YR.   IF UNDER 24 HRS.   2C. DATE  PRONOUNCED  DEAD  7. CITIZEN OF WHAT COUNTRY  8. BIRTHPLACE (STATE OR  7. CITIZEN OF WHAT COUNTRY)  8. PARTIMORE CITY OR COUNTY OF DEATH	138 M
S S S S S S S S S S S S S S S S S S S	Mary land U.S.A. WIDOWED DIVORCED Prince Georges	MD.
KLAY IS TO THE P SE FILED	Bowie  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK 1/2) KIND OF BUSIN OR INDUSTRY FOR MOST OF WORKING LIFE) OR INDUSTRY HOME Maker none	1ESS
21201 F ANY C AND 3 RETAIL HOUED RECOR	STATE 136 COUNTY Georges 136 CITY OR JOWN 136 CHY LIMITS? 138 STREET ADDRESS 180 I TONGATE Lane	
RE, MD	Percyvill Stewart Florence Zarger	
BALTIMORE, MD. JRS AFTER DEATH S. GIVE PAGES I WITH FORM PM. 3. T. PAGES I AND 2.5 DIVISION OF WITH	(WAS DECEASED EVER IN U.S. 'ARMED FORCES?  (YES, NO, OR UNKNOWN)  (16 YES, GIVE WAR OR DATES)  579-24-4293  Diana L. Arneson, 3813 Irongate I	and
5, 201 W. PRESTON ST CUTED WITHIN 24 HOU "IN PENCIL IN ITEM II I EXAMINER ALONG I EXAMINER ALONG IN PROST PERMIT IND MENTAL HYGIENE, ITON, OR REMOVAL.	18. CAUSE OF DEATH (Enter only one couse per lim) or (q), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  Lying cause lost.  (c)  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (g)	DDFATH
VITAL RECORDS, 201 SHOULD BE EXECUTED ORD "PENDING" IN F CHIEF MEDICAL EXA E USED AS A BURRAL TO F HEALTH AND M URIAL, CREMATION,	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY?	
CERTIFICATE SHE TING THE WORR BED TO THE CH SED TO THE CH SEPARTMENT O	TID EXTERNAL CAUSE WAS  210 EXTERNAL CAUSE WAS  210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  21d INJURY OCCURRED  21d INJURY OCCUR	NO 🔒
DIVISI E. WRITING E. WRITING E. PAGE 38 STATE DEP.	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY	STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGAFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120	22a I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apinion death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined manner ,  TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER  DATE SIGNED 3 - 18-	81
O MEE XECUT AGE 4 VAFER D SAUTIM	(TYPE OR PRINT) Augusto P. Rodfiguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs Md.2  @ BURIAL, CREMATION, REMOVAL 238. DATE 1236. NAME OF CEMETERY OR CREMATORY 1238. LOCATION	0031
140/BP	3/20/81 Gate of Heaven Cem, Silver Spring, Mary lar	nd
DHMH - 17 (VR A15 ME (5)) 15M 2/80	16000 Annapolis Rd., Bowie, Md.  250. DATE REC'D. BY REGISTRAR'S SIGNATURE MAR. 4 1981	

Burial 3/20/8] Gite of Heaven Cem. Silver Spring, Marylone Beall Fineral Home 16000 Annipolis Fr., Bowie, Mr.

		FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 1 0 8 3						
		REGISTRAR					REG. NO.			
e E E	1	DECEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
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nd c ges	1	60 WAS DECEASED	WN) (IF YES, G	IVE WAR OR DATES)	SOCIAL SECURITY NO			e., Venice, Fl.		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE . DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) Anthony Pelt OF ESTI-Curtis 1081 3 DEATH MATED 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS YEAR 2d HOUR 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED black male 10 81 2:25 14,1959 2 EN OF WHAT COUNTRY? DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS D.C. U.S.A Prince George County wo WIDOWED DIVORCED I CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Unemployed Riverdale Leland Memorial Hospital None RM PM 3. RETAIN 1 AND 2 SHOULD BE OF WITAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. P.G Palmer Park YES ... NO [ Muncy Rd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDOLE MIDDLE LAST FIRST Arthur Pelt Willie Mae Corev T. PAGES 1 DIVISION O 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-74-7763 Willie Mae Pelt-Same as # 13 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) WEDICAL EXAMINER ALONG WAS A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ASDHVXIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which hanging by the neck gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OF HEALTH AND MI RIAL, CREMATION, PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION USED / 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO | DEPARTMENT 21a EXTERNAL CALISE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DA UNDERLYING OR found hanging PM est.3/4 10 81 CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION RDED AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) PrinceGeoCo.JailAnnex, Hyattsville, PGCo., MD jail 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) 3/4/81 ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 3-11-E1 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Harmony Mem. Park Highland Pork 250. DATEMECIA. BY 24. FUNERAL DIRECTOR **DHMH-17** H. S. WASHINGTON + Sons 4925 BURNOUS AND W.E. (VR A15 ME (5)

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STATE OF MARYLAND

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ge 4 moy ectar, po	3. SE	x Female	4 RACE Whit	te	S. DATE OF		19°11	6. AGE (IN YEARS !	AST BIRTHDAY)	MONTHS DAY	
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IL OR ATTENDIN the hospital or IL DIRECTOR: Aff etached for use a te Dept. of Health		220 I certify that (4) (this has some the deceased alive a above of the (did) (did n		~ /	DE	GREE	ATTENDING	death accurred on  MEDICAL DIRECTOR P	STAFF a		n. that (th (we) land the couses stated
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200	230.	BURIAL, CREMATION, REMOVA					CREMATORY remator	123d LOCATION		copii.C.	Mda
DHMH-16 30M 2/80	24, F	UNERAL DIRECTOR Sons,	P.A.,	Hyattswill	le, Md.		15 RA	ERECD. BY REGIS	TRAR 256. REC	GISTRAR'S SIGN	ATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH TYPE OR PRINTI 81 JAMES. PIERCE\_SR A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 4 RACE Sept. 2, 1912 Caucasian MALE 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED U.S.A. N.C. U.S.A. PRINCE GEORGE'S COUNTY 176 USUAL OCCUPATION 126. KIND OF BUSINESS OR POST OF WORKING LIFE, INDUSTRIES OF EMPLOYED 10 CITY OR TOWN OF DEATH CLINTON SOUTHERN MARYLAND HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 INSIDE CITY LIMITS? PG Upper Marlboross 9436 Victoria Drive Maryland 14. FATHER'S NAME MIDDLE Leonard Pearce Mary Elizabeth Smith 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) n/a 579-07-1801 James R. Pierce, Jr. Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY 30 MINVIT IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the and Lung present underlying couse last TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 214 INJURY OCCURRED 218 PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased olive on. and that in (my) (war) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did not) view the bady after death. 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 9401 Indian Head Highway 274 PHYSICIAN'S NAME (TYPE OR PRINT) d b M. Nedzbala Oxon Hill, Maryland 20021 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION REMOVAL COUNTY Cedar Hill Cemetery Suitland BP Burial REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORLee Funeral Home, Inc. DHMH-16 30M 2/80 6633 Old Alexander Ferry Rd., Clinton (VRA 15, 4)

Mountain Sett. S. 1012 hovel a thicarine tains evelous service as detail the service of the servic dele descentili vener l'especia de l'arches Sec-17-1871 James J. Porce, er. reme no la Citon Hill, Paryland 20021 Burjal lee vureral loca, inc.

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injury, or other troumotic event, the

should be detoched for use as the burial-transit permit. Then please remove carbandape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR - STATE REGISTRAR		DEPART		EALTH AND A			() 5. NO.	8 3	5 3
	PE OR PRINT) WIL	BUR	M.		ESTER !	SR.	20. DATE OF DEAT	03-3	1-81	7:45PM
3. SI	EX	4 RACE	1 1 1 4	5. DATE C			6. AGE (IN YEARS LAS	TBRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Whit	е	Ja	in. 16,	1911	70 yr	S. YRS	MONTHS DAYS	HOURS MIN.
7a 6	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	7b. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER M	ARRIED	9. BALTIMORE CIT	Y OR COUN		Y
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13a		me or other institution out of the control of the c	13c. CITY OR TOV	WN	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRE 12411 St	ss retton	Lane 2	0715
14. F	ATHER'S NAME FIRST Cornelius	MIDDLE	riester,	Jr.		MAIDEN NAM	MIDD	E	VerHul	
	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SEC	-	17 INFORMAT			DRESS	VCIIIGI	
	(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	074.07.	9268	Wilbur	M. Pr	iester==S	ame as	13e	
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Walter Brooks Bradley Inc. Balto., Md.

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Gremation 3-25-81 Ft. Lincoln Grem to Brentwood Pr. Geo. Mc. Beall Funeral Home

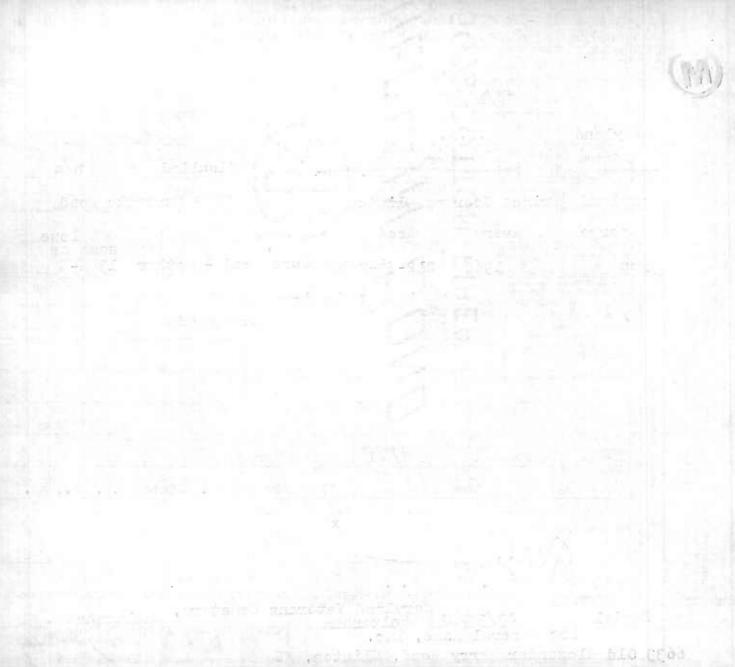
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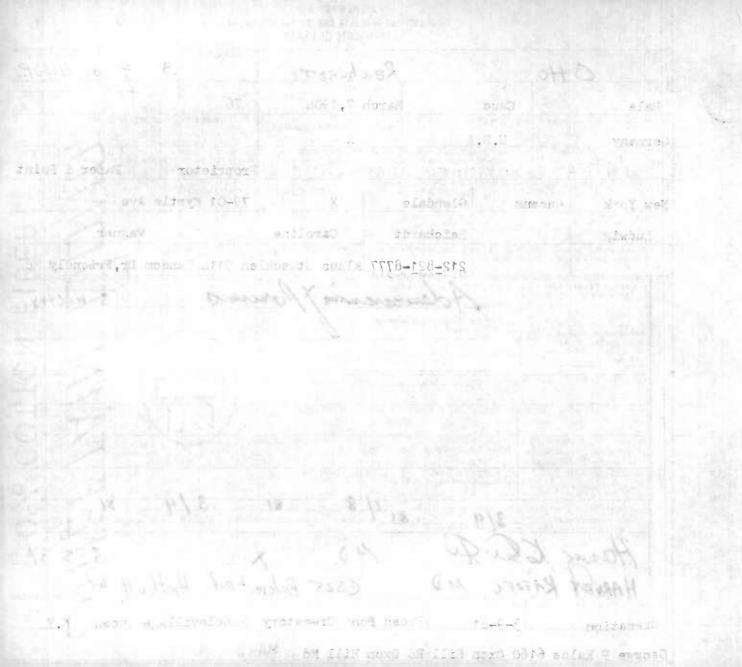
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EALTIMORE, MARYLAND 17.  ificate be executed within 4 hourselies and completely (liller impors. Pages 1 and 2 sheriff the lovel.  event, the magazhexanflagr muk	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO MARYLAND GE	OR OTHER INSTITUTION, GIVE RESIDENCE RE UNITY PRINCED. CITY OR TO CORGE'S ANDREW	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS? YES \( \sqrt{N} \) NO \( \sqrt{N} \)	13n STREET ADDRESS 5141-B Sebille (	Ct
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIII DING PHYSICIAN: The law requires that the death certificate ittending physician. After this certificate has been signed by the attending physician is the burial transit permit. Then please remove carbon papers. P ith and Mental Hygiene prior to burial, cremation, or removal, marked or Item 18 shows any injury, or other traumatic event,		DUE TO, OR AS A CONSE	supplied in the second	CARDIAC ARREST EAD AND NECK INJURY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to RDS, 201  I law requires been signed  I. Then pleas rrior to burial rs any injury.	PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)  WERE FINDINGS USED
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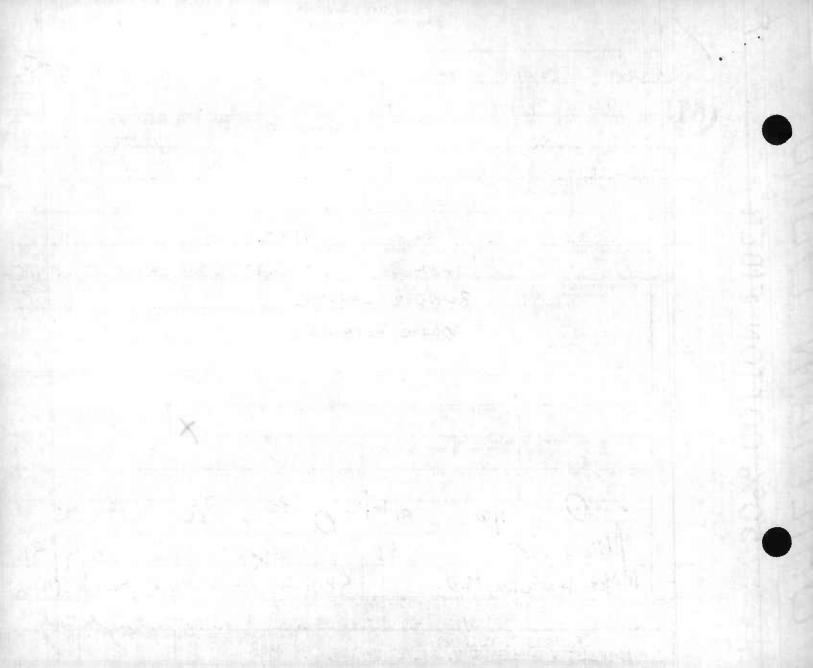
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DHMH-16 30M 2/80	24_F	UNERAL DIRECTOR FRANC	IS J. COLLINS	DDRESS	25a. DA	TE REC'D. BY REO STAR 25h (B)	SIGNATURE
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MPORTANT DHMH-16 30M 2/80 (VRA 15, 4)

Burial 3/9/81 Cedar Hill Cemeterv Francis Gasch's Sons Funeral Home, P.A.

PATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

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STATE

Md IE

26 HOUR

12h KIND OF BUSINESS OR

(Wife)

U.S. Government

IF UNDER 1 YEAR

INDUSTRY

Walters

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

9131 Piscataway Road, Clinton, Md. 20735 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION

Brentwood, POUNTY

Hyattsville, Maryland

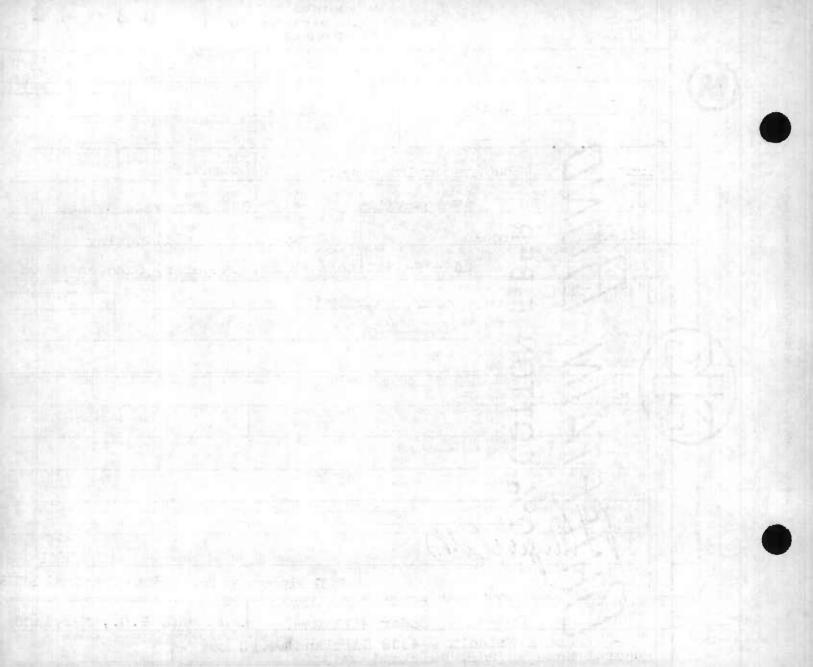
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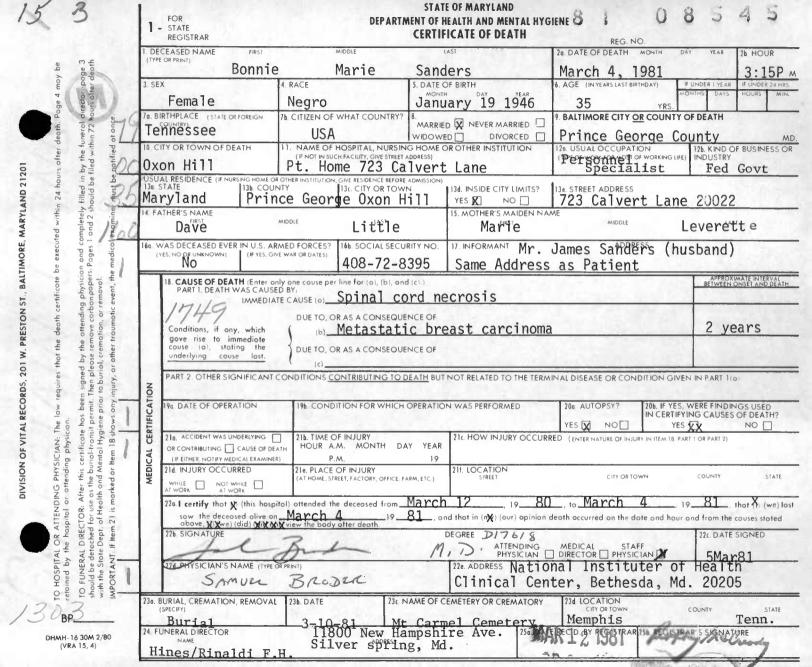
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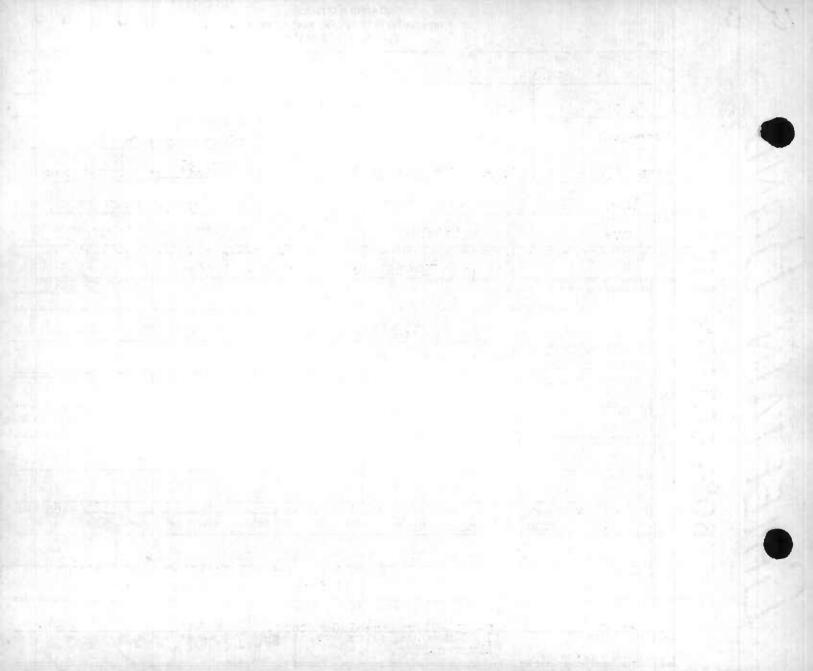
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0	n and c				WE WAR OR DATES)	UKIITNO	Wli	е		
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BA BA	iffica nysic apers			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line far (a), (b), a	nd ici.i	1		BETWEEN ONS	ET AND DEATH
ST,	g phy on pap				ATE CAUSE (O)	D (0.	- put mono	a gones ?		
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2	ed by			underlying couse lost	(c)					
5, 2(	requi signe en plo		7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE FERM	AINAL DISEASE OR CONDITION C	SIVEN IN PART 100	
RECORDS	s been strict the prior to		CERTIFICATION		Organic	Bra	in Ny	udnone		
EC	The f	9	ICA	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED /	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS TIFYING CAUSES OF	USED DEATH?
¥	0000		RTIF							10 🗆
- ×	rSician hysician certificat transit ntal Hygi	1.0		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM !	8, PART 1 OR PART 2)	
0	HYSIC physic is certi ial-trae fental		MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINE	CAIN	19				
Ö	d N burth		LEDI	21d. INJURY OCCURRED	21R PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE	FARM. ETC.)	21F LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIVISION OF	Afte s the th and		2	AT WORK AT WORK			01	-/5		
0	or a or a OR: OR: Jeal			220.1 certify that (1) (th)s hosp	pital) attended the deceased from	0,02	-11 19 01		_ 190 , 116	(I) (we) lost
	ATT Sital Sital Sor u			sow the deceased olive o obove, (I) (we) (did) (did n	on	0/, an	d that in im (our) opinion	death occurred on the date and h	aur and from the cau	ses stoted
	DIRECTORY OF THE PROPERTY OF T			226. SIGNATURE	111	-	DEGREE		22c. DATE SIG	NED
			- 3	1) and	Leharly	N	OO PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	3/81	81
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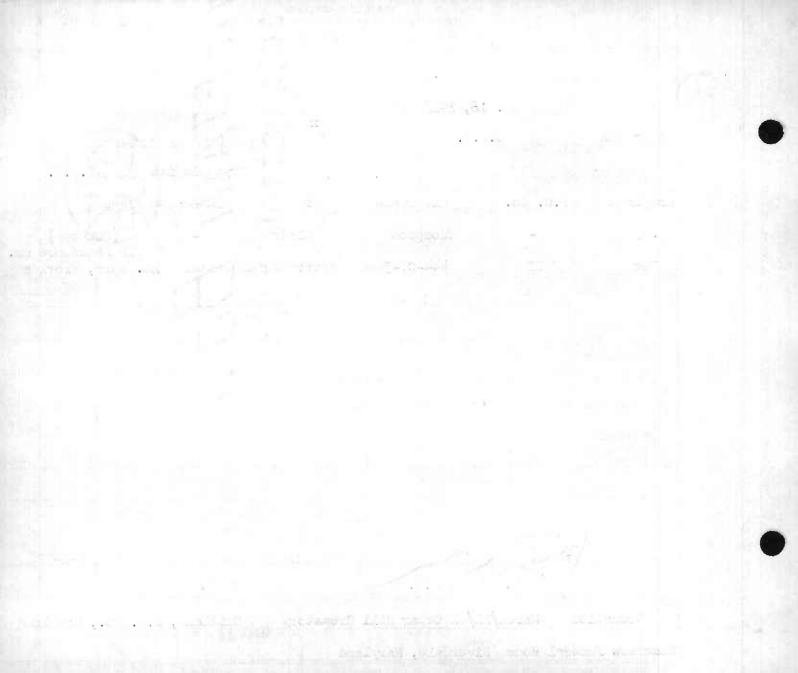
BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

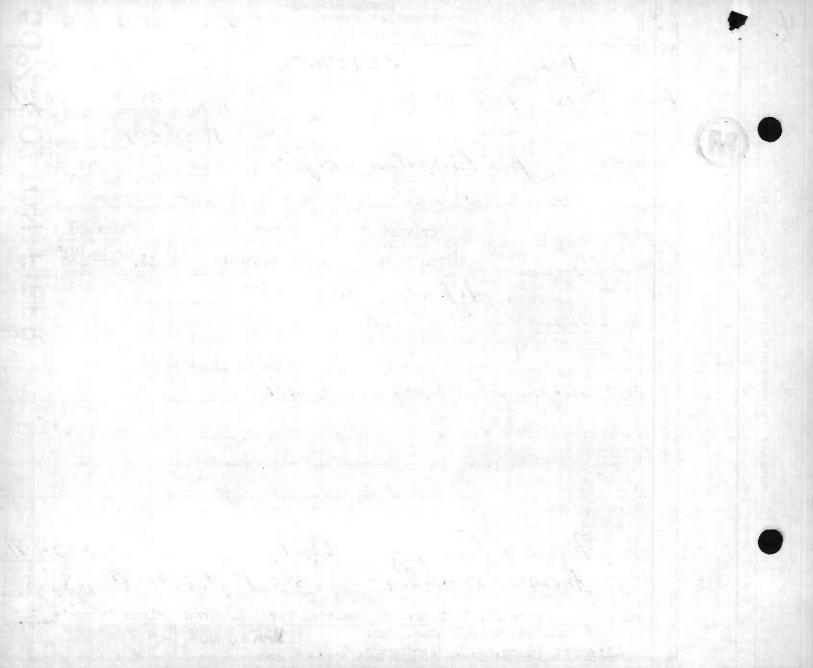
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	10	REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	MEK.2	CERTIFICATE		REG. NO.		
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MITHIN PREST	P	DREIGN COUNTRY)		76. CITIZEN OF W			HED NEVER MARR	IED   9. BALTIMO	RE CITY OR COU	INTY OF DEATH	
	710 0	ITY OR TOWN OF DE	ATIL	U.S.A		WIDOV		Prince 120. USUAL OCCUPA	e George	's County	MD.
SERVINO	2			(IF NOT IN SUCH FA	SPITAL, NURSING HO	5}	HER INSTITUTION	FOR MOST OF WORKIN	NG LIFE]	OR INDUST	JSINESS IRY
S S S S S S S S S S S S S S S S S S S	HISH	Cheverly	IURSING HOUS OF	Prince Ge	eorge's Ger	n. Hos	sp. (DOA)	Cryptolog	gist	N.S.A.	
ON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELITEM 18. GIVE PAGES I, 2, AND 34-CONG WITH FORM PM 3. RETAIN PERMIT. PAGES I AND 2 SHOULD PERMIT. PA	130.	ryland	13P COUNT	CO.	136 CITY OR TOWN Riverdal	(	13d. IHSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	s acon Plac	ce	
MD. MD.	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID				
DRE, M DEATH. GES.1, A PM AND A	2	Roy			Thompson		Clara	MIUI eee	(	(Unknown)	
MA O NA O	160.	VAS DECEASED EVEL ES, NO, OR UNKNOWN)	R IN U.S. ARM	ED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRES812	Lakeshor	e Dr.
S AFT S AFT SIVE SAGE VISIO		Yes	WWII		444-07-3	466	Edward Sci	hoenwetter		ora, Flor	
MST., B HOURS MAI 8. G NG WIT RMIT. P. INE, DIV		18 CAUSE OF DEA	TH (Enter anly	ane cause per line	far (a), (b), and (c).)					APPROXIMAT BETWEEN ONSE	E INTERVAL
ON O	1	11000	IMMEDIATE	CAUSE (a)			cardiovas	cular dise	ase		
EST IN IN I		Canditians, if	any which	DUE TO, OR	AS, A CONSEQUENC	E OF					
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CRITICATE TING THE W TING THE W 3 SHOULD B DEPARTMEN I PRIOR TO B	> 5	210 EXTERNAL CAL		HOUR A.M	INJURY A. MONTH DAY YE	AR 21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TOR	PART 2)	
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DIVISION OF VIT  BIVISION OF VIT ICATE, WRITING THE WOR FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR	MED	WHILE NO	KKED T WHILE	STREET, FAC	OF INJURY (AT HOME, FORY, FARM, ETC.)		CATION	CITY OR TOWN	1	COUNTY	STATE
DIN MEDICAL EXAMINER; THIS CENTRALE HE CERTIFICATE, WRITE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE: AFTER DATH, WITH THE STATE OF THE MARYLAND, 21201		AT WORK AT V	WORK -								
ATE SOR		220 I certify that	t I taak charge	of the remains de	cribed above, held an	Autop	sy X, Inspectio	n . Inquiry [	, and in my	apınian	
WE FEE		death resulted fro	m: Natura	I causes X.	Accident .	Suicide	, Hamicide .	Undetermined mani	ner,		
EXAMI CERTIFIC ULD BE DIRECT WARYLL		ACTUAL A	m /		~		TITLE (SPECIFY)				
ATH CHAIR	-	SIGNATURE_	hon	LX	2	N	.b. Assistan	MEDICAL EXAMIN	NER SIGI	NED 3-9-8	1
WOOD THE	) -	EXAMINER'S NAME	Ann	M/Dixo	n, M.D.		111	Penn St.			
TO MI EXECUTOR TO FU	1	(TYPE OR PRINT)					ADDRESS				
	23 o. B	URIAL, CREMATION,			23c. NAME OF C			23d. LOCATION CITY OR TOWN		OUNTY S	TATE
BP	74 E	Crematic	on M	arch/11/	or Cedar H	III C:	rematory	Suitland	P.G. C	o., Mary.	Land
3802 DHMH-17	200	NAME	TT Care	ADDRESS		3	250. DATE	BALLO BA GOILLEAN	THE KEISISTRAN	A SIC MA LURE	they
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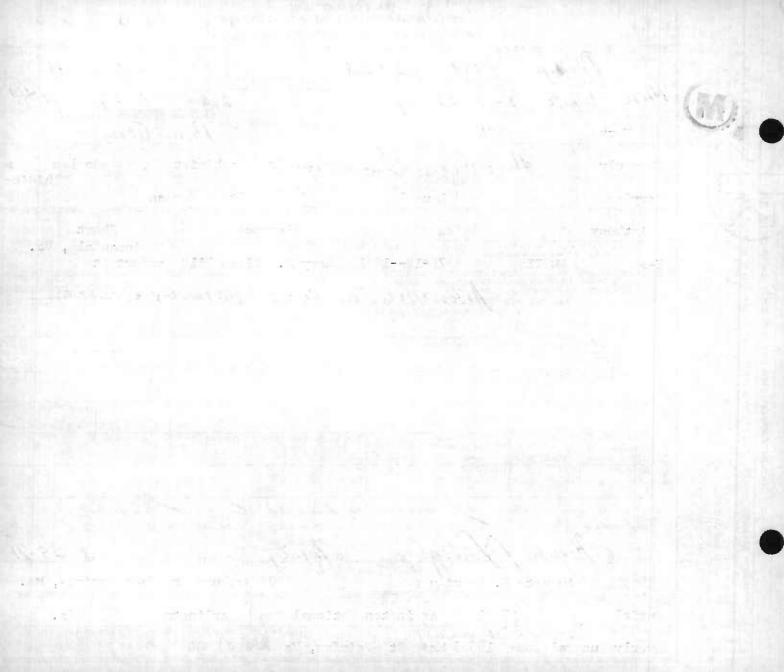
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T		STATE REGISTRAR				ERTIFICATE OF		REG. NO.	3 3 1
SS. F.S. F.T.		CEASED NAME LOCK		SC.	RIL	INER	20 DATE OF DEAT	KNOWN JON ESTI- H MATED 3	TH DAY YEAR 26 HOUR
SRY, PLEASE DIRECTOR. OUR FILES. ON STREET,	3. SEX	ale Black	5. DATE OF BIRTH	- 10 6. AGE (IN Y		DER 1 YR. IF UNDER 2	MIN. PRONO	JNCED 2 27	H DAY YEAR 26 HOU
	FC	RTHPLACE ISTATE OR REIGN COUNTRY) Maryland	U.S.A.		WIDOW			MORE CITY OR COL	JNTY OF DEATH MI
¥0.274	C	ty or town of death heverly	Prince C	PITAL, NURSING HOM CILLITY, GIVE STREET ADVRESS) OF NEW YORK	nerel	Appilet	For Most of W	?	Private
NORE, MD. 21201 RD EATH. IF ANY DEL AGES 1, 2, AND 31C RM PM 3. RETAIN 1 AND 2 SHOULE 4 OF VITAL RECORD	130. S		okother institution, given the George	13c. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS? YES X NO	711 N. (	P.O. Bo Crain High	ox 1411 way
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3. PAGES 1 AND 2 SI WISION ©EVITAL	/	James	WIDOFE	Scrivner		IS. MOTHER'S MAIDEN FRST Harriet			known')
BALTIMORE URS AFTER DEL B. GIVE PAGE WITH FORM I. PAGES I AN DINISION OF	{Y	VAS DECEASED EVER IN U.S. AR/ es, no, or unknown) (1f yés, give NO	WAR OR DATES)	214 30 O		Marie Scri	vner	711 N. Cr. Bowie, M	ain Highway aryland
W. PRESTON ST., WITHIN 24 HOUR WINER ALONG WINER ALONG WINER ALONG WINER ALONG WINER ALONG WINER ALONG WINER	>	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a) storing the underlying couse lost.	D BY: TE CAUSE (DUE 10, Q)	for (0), (b), ond (1).)  A CONSEQUENCE  AS A CONSEQUENCE	OF	umnih	is .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 2011  LID BE EXECUTED PENDING" IN PR  RADICAL EXA  D AS A BURIAL  HEALTH AND ME  HEALTH AND ME  C. CREMATION, O.	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS. Left retrops	CONTRIBUTING TO DEATH &		Cobree		7 d		
F VITAL RE TE SHOULD WORD "PE HE CHIEF AN END BE USED A ENT OF HER	CERTIFICATION	19a DATE OF OPERATION		ION FOR WHICH OPE					20 AUTOPSY? YES NO
DIVISION OF  DIVISION OF  NER: THIS CERTIFICATE CATE. WRITING THE W FORWARDED TO THE FORWARDED TO THE FORWARDED TO THE STATE DEPARTMEN AND, 21201 PRIOR TO FORWARDED FORWARD FORWARDED FORWARDED FORWARDED FORWARDED FORWARDED FORWARDED FOR	MEDICAL CE	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 2101. INJURY OCCURRED WHILE AT WORK AT WORK	DEATH P.M.	MONTH DAY YEA  19  OF INJURY (ATHOME,  ORY, FARM, ETC.)	211 LO	CATION TREET	CITY OR		COUNTY STATE
DIVI  TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITE PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	2 -	22a. I certify that I took charg death resulted from: Notur ACTUAL SIGNATURE	ol couses		Autop uicide	, Inspection, Homicide	Undetermined  MEDICAL EXA	monner ,	<b>.</b>
FACE TO RELIEVE	1	TYPE OR PRINT	3b. DATE	23t. NAME OF CE		ADDRES 5009	23d. EOCATION CITY OR TOWN	(	George's MD
BP DHMH - 17 (VR A15 ME (5))		NERAL DIRECTOR Rolli	ns Funera	981 Harmon	c.	25a. DAAE 180	Landove		
15M 2/80		4339 Hunt P	race, N.E	· wasningt	on, D			HANGE I	



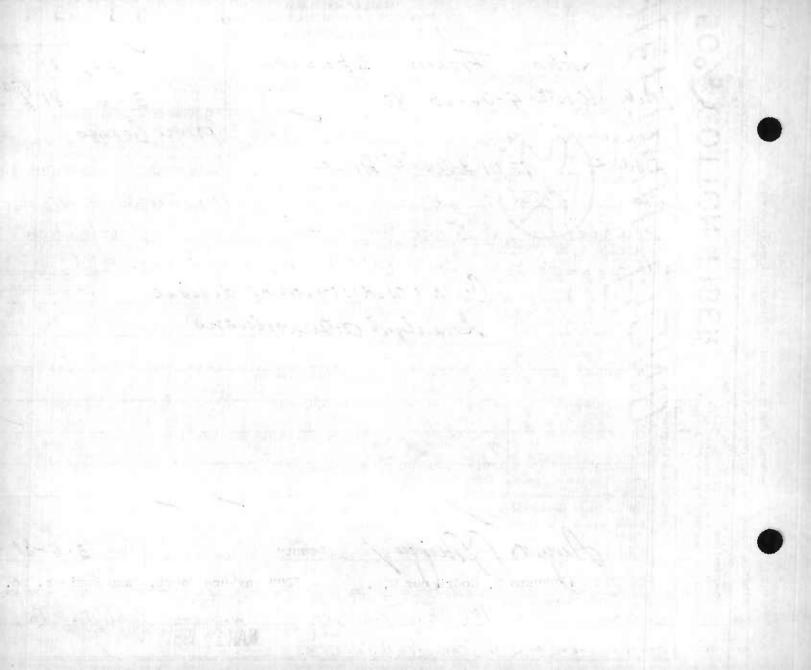
1	FOR STATE			DEPARTMENT OF HEAL	TH AND MENTAL H	TYGUENE	- U	0 3 3	) 4
- [.	REGISTRAR		ME	DICAL EXAMINER'S	CERTIFICATE C	OF DEATH	REG. NO	0.	
	DECEASED NAME	Arthu	Nam	es Soitert	LAST	2a. DAT OF DEAT		3-/2-10	YEAR 26
3. 3	Vale 1	RACE	5. DATE OF BIRTH	4 YEAR LAST BIRTHDAY) MI 38 YRS.	UNDER 1 YR. IF UNDER	24 HRS. 2c. DA		MONTH DAY	YEAR 2
	BIRTHPLACE (STATE FOREIGN COUNTRY)			VHAT COUNTRY?	ARRIED NEVER MARR	IED 9. BALT		OR COUNTY OF DEA	TH
10.	CITY OR TOWN OF		11. NAME OF HO	SPITAL, NURSING HOME, OR C FACILITY, GIVE STREET ADDRESS) TEORGES GENERAL		120. USUAL OCC FOR MOST OF V	CUPATION (TYPINORKING LIFE)	ORIN	OF BUSIN
1130	UAL RESIDENCE (IF III STATE NARYLAND	13b COUNT P.G.	ROTHER INSTITUTION, C	JI3C. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES X NO []	13. STREET ADD	ORESS NNAPOLIS		A
) 14.	FATHER'S NAME FIRST PRTHUR		J.	Seifert	15. MOTHER'S MAID		M.	Bush	
160	WAS DECEASED EV {YES, NO, OR UNKNOWN]	(IF YES, GIVE V	MED FORCES? WAR OR DATES)	577-54-5346	II. INFORMANT	SEIFERT	SAME	5	
	gove rise	if any, which to immediate	DUE TO, O	r as a consequence of					
	Canditians, gove rise cause (o) sta lying cause I	of any, which ta immediate iting the <u>under-</u> ast.	(b) DUE TO, O	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL OF	SEASE OR CONDITION GIVEN IN PA	18T 1 (a).			
2 NOTACION	Canditians, gove rise cause (o) sta lying cause I	if any, which ta immediate thing the <u>underast</u> .	(b) DUE TO, O  (c)  CONTRIBUTING TO DEATH	r as a consequence of		1\$T 1 +a).		ZO. AUT YES	
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MENCAL CERTIFICATION	Canditians, gove rise cause (a) sta lying cause I  PART 2 OTHER SIGNIF  19a. DATE OF OP  21a. EXTERNAL C  UNDERLYING CONTRIBUTING	if any, which ta immediate tining the under- ast.  ICANT CONDITIONS C  ERATION  AUSE WAS  OR  CAUSE OF D	DUE TO, O  (b)  DUE TO, O  (c)  ONTRIBUTING TO DEATH  19b COND  21b. TIME C  HOUR AJ  21e PLACE	R AS A CONSEQUENCE OF  N BUT NOT RELATED TO THE TERMINAL DIS  DITION FOR WHICH OPERATION  OF INJURY M. MONTH DAY YEAR M. 19	N WAS PERFORMED?			YES	
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Service and the service and th	Canditians, gove rise cause (a) sta lying cause I  PART 2 OTHER SIGNIF  19a DATE OF OP  21a EXTERNAL C UNDERLYING CONTRIBUTING TId. INJURY OCC WHILE AT WORK  22a I certify the death resulted for the contribution of the contrib	if any, which to immediate thing the undersast.  ICANT CONDITIONS CONTROL ON CONTROL ON CAUSE OF DOT WHILE TWORK  ME AUGUMAN NOT CONTROL ON CON	DUE TO, O  (b) DUE TO, O  (c)  CONTRIBUTING TO DEATH  196 COND  216. TIME C HOUR A.I P.I 21e PLACE STREET, PAI  al couses  1.	R AS A CONSEQUENCE OF  NOTION FOR WHICH OPERATION  OF INJURY M. 19  OF INJURY (ATHOME, 216  CTORY, FARM, ETC.)  236, NAME OF CEMETER  R AS A CONSEQUENCE OF  POST INJURY  Accident , Suicide  236, NAME OF CEMETER	LOCATION STREET  tapsy Inspection TITLE (SPECIFY) M.D. Deputy  ADDRESS 5009  Y OR CREMATORY	CITY OF Undetermined	manner , AMINER Ct., Ca	PART I OR PART 2)  COUNTY  DATE SIGNED 3	13-

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11	-1	FOR			E OF MARYLAND EALTH AND MENTAL	HYGIENE	08553
	1	- STATE REGISTRAR	MI		ER'S CERTIFICATE	DEDEATH	G, NO.
<b>克里斯斯</b>	T.	DECEASED NAME Philip	Philip Sho	MIDDLE / Sene ++ 25EH	s LAST	20. DATE KNOW OF ESTI- DEATH MATER	N MONTH DAY YEAR 76. HOUR
AN THE SECOND	1	Make White	S. DATE OF BIRTH		MONTHS DAYS HOURS	R 24 HRS. 26 DATE  RONOUNCED  READ	3-24 1981 401R
	01	FOREIGN COUNTRY) New York	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED   NEVER MARI	CED & Brince	MD.
ELAY IS TO THE F	·	Cheverly	Ama (	SPITAL, NURSING HOME, CHITY, GIVE STREET ADDRESS! 7-E-0-G-1	eral Hopstay	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE Machinist	Bowles
21201 AND 3 RETAIN HOULD	35	SUAL RESIDENCE (IF IN NURSING HO STATE 13b, CO Maryland	ME OR OTHERHINSTITUTION,	13c CITY OR TOWN  Laurel	N) 13d. INSIDE CITY LIMITS? YES A NO	8th & Gorma	Fluidics
DEATH. I GES 1, 2, M PM 3. AND 2 S	165	FATHER'S NAME Anthony	MIDDLE	Senes	15. MOTHER'S MAIL FIRST Flore	ence	Short
BALTIMORE, MD. RES AFTER DEATH. IF 3. GIVEN POR MEN. 3. WITH PORM PR. 3. T. PRICE STAND 2. T. PRICE OF AND 2. T. POINSION OF WITH	1 "	WAS DECEASED EVER IN U.S. (1985, NO. OR UNKNOWN) Yes WW	IVE WAR OR DATES)	579-1818		Vilcox 7119 Sa	RESSAnnandale, Va. Infort Ct
RECORDS, 201 W. PRESTON ST., I LD BE EXECUTED WITHIN 24 HOUR: PENDING" IN PENCIL IN ITEM A MEDICAL EXAMNER ALONG W. O AS A BURIAL-TRANKIT PERMIT. FEATH AND MENTAL HYOFENK.	WATION	Conditions, if any, wh gave rise to immedicouse (a) stating the unclying cause lost.  PART 2 OTHER SIGNIFICANT CONDITI	DIATE CAUSE (a)  ich ate (b) DUE TO, O  (c)	R AS A CONSEQUENCE O			Vallance
WITAL RECOR SHOULD BE ED CHE "PENDIN CHEF MEDIC E USED AS AI T OF HEALTH	RIAL, CRE	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONE	ITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?  YES NO P
DN OF V FICATE S THE WC O THE COULD BE RIMENI	SK TO BU		HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	
DIVISIC HIS CERTI WRITING /ARDED T AGE 3 SH ATE DEPA	1201 PRI	CONTRIBUTING CAUSE OF CONTRIBUTING COURSE OF CONTRIBUTING CAUSE OF COURSE OF	21e PLACE STREET, FA	OF INJURY (AT HOME, CTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CE FEXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNNERAL DIRECTOR: PAGE 3 AFIRE DEATH, WITH THE STATE DE	LTIMORE, MARYLAND, 2	22a. I certify that I took ch death resulted from: No ACTUAL		Accident . Sur	M.D. Aspectify	Undetermined monner	DATE SIGNED 3-25-81  Camp Springs, Md.
00000 PP		Burial	3/27/81		etery or crematory n National Cen	23d LOCATION CITY OF TOWN Arlington	COUNTY Va. STATE
DHMH - 17 (VR A15 ME (5		Everly Funeral	Home 105	65 Main St	Fairfax, Va	AR 31 1981	REGISTRAR'S SIGNATURE



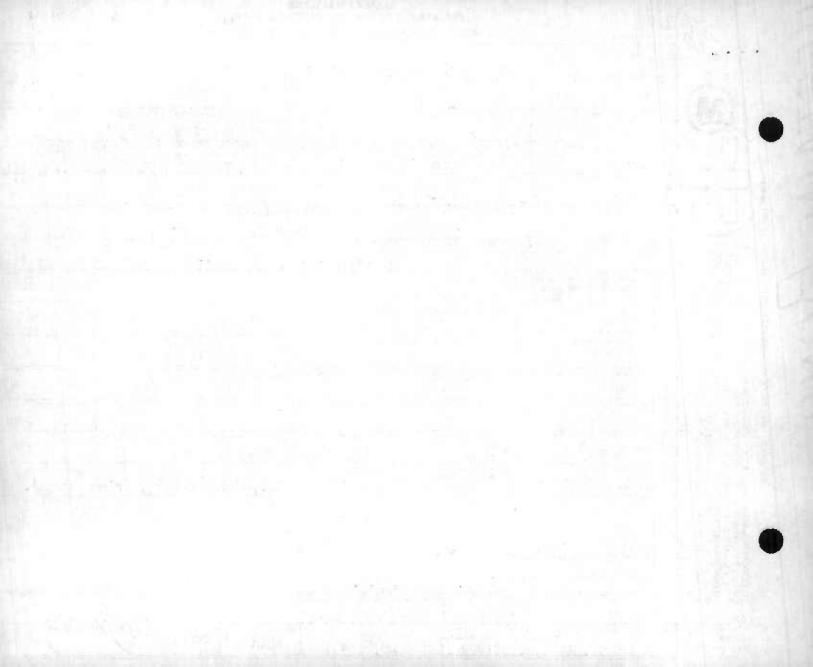
13	1 -	FOR STATE REGISTRAR		STA DEPARTMENT OF DICAL EXAMIN	HEALTH			1 050	0 8	5	4
<b>英文公司</b>	1. DEC	CEASED NAME SORPRINT)	F	middle miles	56	EEHAI	1/	DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR	- 1.001
	3. SEX	Tale White	S. DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHE	MONT	DER 1 YR. IF UND		DATE DNOUNCED DE AD	3 - E	6 198	1838
ER DEATH, IF ANY DELAY IS NECESTARY ORANGES 1, 2, AND 3 TO THE FUNERAL ONAN PM 3. RETAIN PAGE 5 FOR YOUND BE FILED, WITHIN ON OKNITAL RECORDS, 201 W. PETPLIN OKNITAL RECORDS, 201 W.	7	RTHPLACE (STATE OR HIGH COUNTRY).	U.S. A		WIDOW		RCED	mce	Gen	600	MD.
DELAY IS NE 3 TO THE FU IN PAGE 5 OB FILED, V COS, 201 W.	le	DIVI C	13 //1	SPITAL, NURSING HOM  PILITY GIVE STREET ADVISES)  WE RESIDENCE BEFORE ADMISS	Drie	Le INSTITUTION		OF WORKING LIFE	(TYPE OF WORK	SALES	man man
D. 21201 F ANY 2, AND 3 3. RETAIL SHOULD AL BECOR	13a S1	ATE / 113b. COUN	Geo.	Bow;		134. INSIDE CITY LIMITS YES NO	0 /31	11 -	lewi.	Ld DI	R.
MORE, MD. R DEATH. II AGES 1, 2, AGES 1, 2, RAN PM 3. I AND 2 S V OKVITAL	160. W	Michael  (AS DECEASED EVER IN U.S. AR)	MED FORCES?	Sheehar Tibb. SOCIAL SECURIT	1 Y NO.	Annie		MIDDLE	G	rlack	ten
RS AFTER DEAT RS AFTER DEAT B. GIVE PAGES WITH FORM P. PAGES I ANI DIVISION OF	(YE	S, NO, OR UNKNOWN)  (IF YES, GIVE  W  18 CAUSE OF DEATH (Enter an	WAR OR DATES)	161-01-3 for (a), Ab), and (c).)	710	DOROTHY	Henry	SAME	M	13	ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORI FER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM ORE, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AN HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION ON ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	TE CAUSE (a)  DUE TO, OF  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE LEAVE AS A CONSEQUENCE	of an	tensor		slarl D		BETWEEN ON	SET AND DEATH
L RECORDS, ULD BE EXEC "PENDING" "PENDING" F MEDICAL ED ASA B BUI HEALTH AN IL, CREMATI	CATION	PART 2 OTHER SIGNIFICANT CONDITIONS		TION FOR WHICH OPER		500	N PART 1 to			20. AUTOPS	SY?
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DIVIS THIS CER WARDED PAGE 3 SI TATE DEP	MED	WHILE NOT WHILE AT WORK	STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CI	TY OR TOWN	co	NIND	STATE
TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		ACTUAL SIGNATURE HELGIC	rol causes .	Accident . Su Paliferer	Autop:	Homicide TITLE (SPECIFY Deputy	Undetermi	Inquiry , .	ond in my o , DATE SIGNI	3-6	
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DHMH - 17 (VR A15 ME (5) ) 15M 2/80	a	INERAL DIRECTOR NAME CALL FUNERAL H	ome 16,000	Annepolis Rd	Bowin		TE MECOD TY REC	2 198 15b. R	EGISTRAR'S	MGNATURE	andy



3 SEX     ARCE     Caucasian   Day 18.48   Day 1909   The Caucasian   The Ca	3 3 3
THOMAS A. SHIPP    Caucasian	YEAR 26 HOUR
S. SEX   S. DATE OF BIRTH   S. DATE OF BIRTH   DAY   JUNE   26, 1909   71   YES   MONTH   YES   TO NOTE   YES	10 110011
Male  Caucasian  June 26, 1909  71  78. BRITHPLACE (STATE OF FOREIGN VITE)  10. BRITHPLACE (STATE OF FOREIGN VITE)  10. CITY IN AMERICAL VITE)  10. CITY COUNTY OF UND NOT CED DAY  110. CITY OF TOWN OF DEATH  111. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  112. SLATE  COUNTY OF OWNER OF MARKING LIFE ADDRESS)  OUTLIED  113. CITY OR TOWN  114. FATHER'S NAME  ROBERT  ROBERT  115. CITY OR TOWN  MARY LAND  116. CITY CHANGE (19 NURSING-HOME OR OTHER INSTITUTION)  117. MARY LAND  118. CITY OR TOWN  118. CITY OR TOWN  119. MASSIANCE (19 NURSING-HOME OR OTHER INSTITUTION)  119. STATE  119. CITY OR TOWN  119. LASSI  119. MASSIANCE (19 NURSING-HOME OR OTHER INSTITUTION OF MARKING LIFE) IN OCCUPANTION  119. STATE  119. DATE OR OTHER WAS LIFE OR OTHER WAS LIFE OR OTHER INSTITUTION  119. MASSIANCE (19 NURSING-HOME OR OTHER INSTITUTION  119. LASSI  119. MASSIANCE (19 NURSING-HOME OR OTHER INSTITUTION OR O	UNDER I YEAR OF UNDER 24
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OSUAL RESIDENCE (# NURSING-HOME OF OTHER INSTITUTION GREERSBENCE BEFORE ADMISSION)  136. INSIDE CITY LIMITS?  136. STREET ADDRESS  P. O. Box 7  14 FATHER'S NAME  RODERT  I. Shipp  15 MOTHER'S MAIDEN NAME  RODERT  I. Shipp  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO. BOX 7  17 INFORMANT  ADDRESS  TO BOX 7  18 CAUSE OF DEATH (Enter only one couse per line /pr (a), (b) good (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS ACCONSEQUENCE OF LIMITS (c)  DUE TO, OR AS ACCONSEQUENCE OF LIMITS (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION  190. CANDIDINARY OCCURRED (ENTER NATURE OF INJURY YES)  101. TIME OF INJURY  PART 12 CAUSE OF OPERATION  190. CANDIDINARY OF INJURY  PART 12 CAUSE OF OPERATION  190. CANDIDINARY OF INJURY  PART 12 CAUSE OF INJURY OF INJURY  PART 12 CAUSE OF INJURY O	Federal Gov
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18 CAUSE OF DEATH (Enter only one couse per line by (a), (b) and (c).)  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS ACCONSEQUENCE OF COUSE (b), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIRECTS ON THE PROPERTY OF	Garton
18 CAUSE OF DEATH (Enter only one couse per line of (a), (b) and (c).)   PART I. DEATH WAS CAUSED BY.   IMMEDIATE CAUSE (a)	
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OR CONTRIBUTION TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	IN PART 1(0
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A CONCONTRIBUTION OF CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	VERE FINDINGS USED NG CAUSES OF DEATH NO
	I OR PART 2)
216 INJURY OCCURRED 216 PLACE OF INJURY 211, LOCATION	
(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY ST
AT WORK AT WORK	-67
220.1 certify that (I) (this basaital) attended the/deceased from	, that (I) (w
sow the deceased alive an above, (1) (web) (did not) view the body after death.  27b. SIGNATURE  Sow the deceased alive an above, (1) (web) (did not) view the body after death.  DEGREE	22c. DAJE SIGNED
ATTENDING MEDICAL STAFF	13/12/8
274 PHYSICIAN NAME ( becomes) 274 ADDRESS	
L. V. Kaufman, M.D. 10905 Ft. Washington Rd., Oxon	19(7/7)
238. BURIAL, CREMATION, REMOVAL 1238. DATE 1236. NAME OF CEMETERY OR CREMATORY 1238. LOCATION	n Hill. Ma
Burial 3/19/81 Trinity Memorial Gardens Walders Char	

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	193	John		Eric		Sie	eling		DEATH	MATED	-	7	1981	1
63	EX	4. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	S IF UNDE	RIYR. IF	UNDER 24 HR	S. 2c. DATE	E NCED	MONTH	DAY	YEAR	7 H3W
_	Male	White	NOV 5.1	9.55	2/5			Mile.	DEAL		3	7	1981	A A
70.	BIRTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUN	TRY?	MARRIED	☐ NEVE	R MARRIED X			Y OR COU		DEATH	
	MARYLA	ND	U.S.A.			WIDOWED		DIVORCED [			eorge		ounty	14/1
10.	CITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NUI	RSING HOME,	OR OTHER	INSTITUTIO	)N 12a L	JSUAL OCCU	PATION	(TYPE OF WORK	12b K	IND OF BU	JSINESS RY
	Cheverl		Prince				Hospi	tal c	OMPUTE	R OP	ERATOR			ATICS
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	ERI	c c.		SIELI				ANCES		J.			WISE	
160	WAS DECEASE	D EVER IN U.S. ARM			IAL SECURITY	NO. 17.	INFORMA	NT		ADDR	ESS			
	NO			2	09-38-	2111	FRANC	CES J.	SIELIN	G	SAME	AS	13 MO	THER
	18 CAUSE C	F DEATH (Enter anly	ane cause per line				-						APPROXIMAT	
	PARTID	ATH WAS CAUSED	E CAUSE (a) S	tab Wo	ound of	Ches	†							
	766	, 0		AS A CON	SEQUENCE O	F								
		ns, if any, which se to immediate	(b)											
П	cause (a	stating the <u>under-</u>	< 1.7	AS A CON	SEQUENCE O	F								
1	lying ca	ose last.	(c)										LIT.	
1.		IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	AL DISEASE OR	CONDITION G	IVEN IN PART 1 (a).		37 3				
CERTIFICATION							7.01							
40	190 DATE OF	OPERATION	196. CONDI	TION FOR V	WHICH OPERA	TION WAS	PERFORME	D?				20	AUTOPSY	?
Tie	at Evited	CALLET VILLE				120							YES 🔀	NO 🗌
3	UNDERLYING	AL CAUSE WAS		. MONTH	DAY YEAR			CCURRED (EN	TER NATURE OF IN	NJURY IN ITEA	M 18 PART 1 OR	PART 2)		
3	CONTRIBUT	NG CAUSE OF D			7 1981	Subj	ect s	tabbed						E
TO COLOR	21d INJURY			TORY, FARM, ET		21f. LOCAT	Y		CITY OR TO	NWC		OUNTY		STATE
	AT WORK	AT WORK	h	ome		4313	Knox	Rd., 0	ollege	Par	k, Pr	ince	Georg	je's, M
	22a. 1 cert	fy that I taak charge	of the remains de	scribed aba	ve, held an	Autapsy	X, ,	nspection	, Inquiry		and in my	apınıan		
Н	death result	ed fram: Natura	al causes .	Accident	. Suid	ide .	Hamicide	e X. Un	determined m	anner	].			
		4.3	10				TITLE (SPE							
	ACTUAL SIGNATURE	Jungi	me H	tolar		M.D.	Assis	tant M	EDICAL EXA	MINER	DAT	E Z	3/7/8	1
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4	EXAMINER'S (TYPE OR PR	NT) VI	rginia L	. Do	lan, M.	D. ADI	DRESS			l Per	nn Str	eet		
230	BURIAL, CREMA	TION, REMOVAL 23	b. DATE	23c. N	AME OF CEM	ETERY OR C	REMATOR	Y 23d	LOCATION ITY OR TOWN		co	YINU	5	TATE
L	BURTAL		3/10/81		ARKLAW	N CEME	TERY	IR	OCKVIL	LE	A MON		p10.	
24	FUNERAL DIRE	FRANCIS	S J. COLL	INS			250	MAR 1	BY REGISTE	R 25b. V	BENJETTY	Apos	Officer	1
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DIRECTOR FILE ON STREET	3. SE	11 / 1	S. DATE OF BIR MONTH D.	YEAR LAST BIRTH	DAY) MONT			-28 1981 12 M
FORESA L	F	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARR		TIMORE CITY OR	COUNTY OF DEATH
SERBER S		ITY OR TOWN OF DEA	TH 11. NAME OF H	IOSPITAL, NURSING HOA H FACILITY, GIVE STREET ADDRESS	AE, OR OTH		USUAL OCCUPATION (TYPE OF	WORK 12b. KIND OF BUSINESS OR INDUSTRY
DS. TOPE	IIISII	ANHAM	DRS'H	OSPITAL OF F	PRINC	E GEORES Cty S	SEIP-EMPloyED	NA
21201 ANY E AND 3 RETAIL	130 5	TATE NRYLAND	PG.	13c. CITY OR TOWN	SION)		STREET ADDRESS	LANE
DEATH #		ATHER'S NAME FIRST	MIDDLE	Sim		IS. MOTHER'S MAIDEN NA		Sim
TIMOR FERRES FORM CONOR	160.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT	ADDRESS	31M
BALTIURS AFTE 8. GIVE I WITH RE DIVISIO		res, no, or unknown)	(IF YES, GIVE WAR OR DATES)	218-76-05	41	KYUNG HUI SI	m SAME AS"	#132
the second second		PART I DEATH W.	H (Enter only one cause per AS CAUSED BY; IMMEDIATE CAUSE (a)	line for (a), (b) and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  S CERTIFICATE SHOULD BE EXECUTED WITHIN 2 HOUS RITING THE WORD "PENDING" IN PENCIL IN 1EM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGERE OF PRIOR TO BURIAL, CREMATION, OR REMOVAL		gave rise to cause (a) stating lying cause last.	immediate (b)	OR AS A CONSEQUENCE	OF			
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ON OF THE WATTHE WORLD BE ARTHARD	CALC	UNDERLYING CONTRIBUTING	OR LAUSE OF DEATH	M MONTH DAY YEAR	By Se	If inflicted	TER NATURE OF INJURY IN TIEM 18 PAR	TTORPARTZ)
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R: THIS NE, WR DRWARI R: PAGE E STATE D, 2120		AT WORK AT W	took charge of the remains		Autop			n my apinian
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND,		death resulted fram:			viode 🗾		ndetermined manner ,	, m, opinion
CAL EXA THE CER SHOULD SRAL DIR FRAL DIR PRE, MAR		ACTUAL C	Hugust &	Xohiguer	/	TITLE (SPECIFY) Deputy	MEDICAL EXAMINER	DATE 3-29-81
EDIC JNET TO EAT	] -	EXAMINER'S NAME	Augusto P. R	odrianez M.D				p Springs, Md.
TO MEE EXECUT PAGE 4 TO FUN AFTER I	73n P	(TYPE OR PRINT)	TO SECURITION OF THE PARTY OF T	23c. NAME OF CE	METERY C	ADDRESS	LOCATION	p openio, in
(0 70BP		BURIAL	31 MAR S	A	HEAU	EN CEMETERY S	SIVER SPRING	MONT MD
DHMH-17		UNERAL DIRECTOR	CIANZ MANA ADDR	ess D. A. I		APR 3	BY REGISTRAR 251 EGISTI	RAR'S GIGNATURE
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8 15	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 202018
	CERTIFICATE OF DEATH
nours after death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR Month Doy Year March 1, 1981
fun s 1 rer o	3. SEX 4. RACE S. DATE OF BIRTH 6. ACE (In years 1 if UNDER YEAR 1 if UNDER 24 HRS.
s of	Female Negro Feb. 26, 1885 96 YRS.
ano:	Zo. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH country)
4	Maryland   U.S.A.   WIDOWED ♥ DIVORCED │ Prince George Md.
requires that the death certificate be executed within 24 g physician.  signed by the attending physician and completely filled.  burial-transit permit. Then please remaye carbon page a burial, crematian, or remayal, and ia any event within 71	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Hyattsville  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  Manor Care Nursing Home Bookbinder, retired.  G.P.O.
completely ave carbon y event, with	13c. USUAL RESIDENCE (Where deceosed lyun, if institution: Residence before odmission) STATE  13d. INSIDE CITY LIMITS?  13d. INSIDE CITY LIMITS?  13d. STREET AND NUMBER
and compressions of the compression of the	D. C. N/A Washington, Washington, 4230 19th St. N.E.
and complete remaye can remay event	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
ian ase	James W. Jackson Mary F. Williams  160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT Carter Address
equires that the death certificate be exphysician. signed by the attending physician and burial-transit permit. Then please remburial, crematian, or remayal, and in an	Yes, no, or unknown) (It yes give war or dates of service) 577-56-6219 Diane Jones Clark, G'daughter, same as above
certi g ph hen nav	APPROXIMATE INTERVAL
ath ndin it. 1	18. CAUSE OF DEATH (Enter only one couse per lips for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)
erm erm in, o	DUE TO, OR AS A CONSEQUENCE OF
the the sit protice	Conditions, if ony, which gove
that an. by t rans	nise to immediate couse (o).  stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
ires ysici ned ial-t	lost. (c)
The law requires th attending physician has been signed by se as the burial-tra h prior ta burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
= - 0	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law ratending attending has been se as the h prior ta	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
ar a	
CAN Fife Ball A	TOR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f IOCATION Street or R.F.D. No. (ity or Town County State
be retained by the haspital ar attendir be retained by the haspital ar attendir DIRECTOR: After this certificate has beenge 3 shauld be detached far use as the ided with the State Dept. af Health prior the state Dept.	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.  Street or R.F.D. No. City or Town County Stote
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by t fter fter be c State	220. I certify that (I) (this hospital) arended the deceased from 1978, to 1, that (I) (we last
R: A uld the	sow the decease on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after deoth.
Sho CTO	22c. DATE SIGNED
or be 3 ed w	DEGREE PHYS. DEGREE OF DIRECTOR PHYS. DIRECTOR D
TAL AL C Pogg e fill	22d. PHYSICIAN'S NAME (Type) MYDON L. LENKIN 22e. ADDRESS 09 SHOREFILLO RD
TO HOSPITAL O' ENENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	
O HO Page O FUN direct shaul	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
07 0 0 p	Burial (Specify)  March 5, 1981 Harmony Memorial Park Highland Park, Maryland  ADDRESS Wash. D.C. 250. RECU BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	McGuire Funeral Service. Inc. 7400 Ga. Ave. NW

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

REGISTRAR

DECEASED NAME

4407 23rd Parkway LAST Myers Jennie L. Smith-Wife-4407 23rd Parkway PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , that (1) (we) last and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 4235 - 28th Ave. Marlow Heights, Md. STATE Lincoln Memo. Cemetery Suitland, Md. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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marked or Item	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f. LOCATION STREET	CITY OR T	OWN COUNTY	STATE
#em 21 is	sow the deceosed alive or above, (I) (we) (did) (did no 27b. SIGNATURE	of the deceased from 19.00 of the body ofter death.	, and that in (my) (our) opin  DEGREE  ATTENDING		date and hour and from th	that (I) (we) lost e causes stated
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230.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	23d. LOCATION CHY OR TOWN SON +G	COUNTY COUNTY	state
2/80 24 F	FUNERAL DIRECTOR SAMBUTTER INC.	Fin. Home W	6716 Kennedy Stass	PRINTED D. BY RESISTRA	R 250 REGISTRARS SIGNA	TURE

STATE OF MARYLAND

SENT PROPERTY (TIES) (E) ENZHOUGH SHOWNER & PROPERTY OF THE PROPERTY OF THE PROPERTY (E)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REG NO DECEASED NAME KNOWN 2a. DATE (TYPE OR PRINT) 81 ESTI-3-4 F. SMITH LAWRENCE DEATH MATED 19 1. SEX 4. RACE IF UNDER 1 YR IF UNDER 24 HRS YEAR DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 81 white male p 9, 1943 DEAD JUNE 37 70 BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! County VIRGINIA U.S.A. DIVORCED Prince George's WIDOWED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Prince George's C Co. Hospital Cheverly ABORER ARPENTER WAL RESIDENCE (IF IN NORSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136 POUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE **OVERLEA** YES [ CHESLEY AVENUE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST FIRST LAWRENCE SMITH KOL B MA BE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO 216 40 0407 MABEL T. SMITH 12 CHESLEY AVE BALTO LATE, WRITING THE WORD "PENDING" IN PENCIL IN HEALTH ALONG WING THE WORD "PENDICAL EXAMINER ALONG WING. PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH Blunt force injuries to head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX 210. EXTERNAL CAUSE WAS BEODAFOIKINJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) subject hit in head with a pipe CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P Street FACTORY, FARM, ETC.) 4800blk Pontiac Colleg Pk. Mote AT WORK NOT WHILE AT WORK Colleg 224 I certify that I took charge of the remains described above, held an Inspection Homicide XX Undetermined manner TITLE (SPECIFY) SIGNED 3-5-81 Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL LOUDON PARK CEMETERY BALTIMORE MARYLAND BP 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 21206 **DHMH - 17** ADDRESS (VR A15 ME (5) FUNERAL HOMES 7110 BELAIR RD. BALTO. 15M 2/80

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IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the

should be detached far use as the burial-transit permit. Then please remave with the State Dept. af Health and Mental Hygiene priar to burial, crematian TO FUNERAL DIRECTOR: After this certificate has been signed by

1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG.	() (	3 3	5 6
	ECEASED NAME	FIRST	MIDDLE	l	JR.	20 DATE OF DEATH	Märch B	DAY YEAR	2b. HOUR
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22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

MARYLAND NATIONAL

DHMH-16 30M 2/80 (VRA 15, 4)

retained by the haspital

ALEXANDER S. POPE 2617 PENNSYLVANIA AVE S.E.

MAR 9,1981

236. DATE

22d. PHYSICIAN'S NAME STYPE OF PRINT

23a BURIAL, CREMATION, REMOVAL

BURIAL

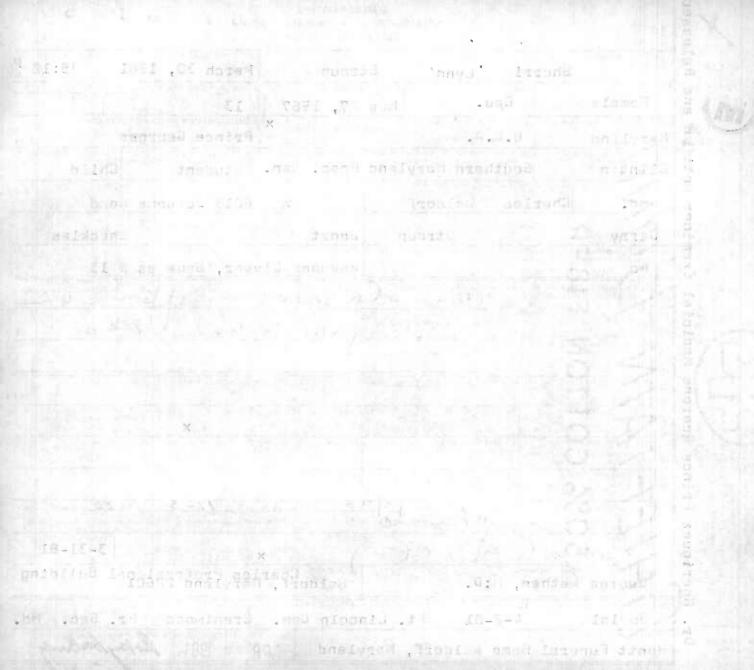
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ALEKKYDER S. POPE 2617 PEKKELDVARIA AVE S.L.



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	1 -	FOR - STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC TCATE OF DEATH	GIENE 8	0 8	569
9e 3		CEASED NAME FIRSTLY	dia E. MIDDLE Sweet		LAST	March Path	1981 DAY Y	2:37p.m
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ERAL DIRE State Dept ANT: If Her		226. SIGNATURE	M. M. Wille	M M	ATTENDING PHYSICIAN	AEDICAL STAFF		3/1/4/1
should be det with the State IMPORTANT:		Frederick F	orprint) H. Wilhelm		SUM A	maple An	uli luff	Eville, Ind
F 78 3 ₹	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY  Wn Cemetery	23d LOCATION CHAPTION		Virginià <sup>rate</sup>
6 30M 2/80 ( 15, 4)	24 FU	JNERAL DIRECTOR Robert NAME Suitla		al Ho	me MAR	E PEGO BY REGISTRAR 25	REGISTRAR'S SI	IGNATURE

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PERSONAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPE Wireinia Dancaster Cancerner x 11/2/1/11 213-14-0102 Mrs. Carlton below , Limornock, Va. 3-4-81 - Corrossonan Ban. Ca. Com. Elimernoc. Va. Plante 'Sante Tueral Hest, Filedrance Vs. MAR - 1081

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Same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 COUNTY STATE and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 6492 Landover Rd. Landover, Marykand Cedar Hill Crematory Cremation March. Suitland, P.G. Co., Marykand DATE RECO. BY REGISTRAR 155 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Riverdale, Maryland Chambers Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

76 HOUR

HOURS

176 KIND OF BUSINESS OR

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IF UNDER I YEAR

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DAYS

DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

REGISTRAR

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Rd., Suitland, Md

STATE OF MARYLAND

26 HOUR 198] IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's 12h, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Clerical - U.S.Gov't. 6005 Parkland Court Price 118 Seneca Dr., Forest Hgts, Md 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ COUNTY 22c DATE SIGNED Mar 20 1981 OueenwAnne Stevensville Robt E Wilhelm ADDRESS 4308 Suitland State REC'D BY REGISTRAR 250 RECISTRAR 25 RECI

DHMH-16 30M 2/80 (VRA 15. 4)

24 FUNERAL DIRECTOR

Funeral Home

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DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

24 FUNERAL DIRECTOR

1	FOR - STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10	) 8 .	1 3
	ECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR 2
(IA)	E ORPRINT) MARIE			TH	OMAS	MAK	CH	10 1981	15P
3 51		4 RACE		5 DATE O		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
12	emale	Megro		Mar		77	YRS.	MONTHS DAYS	HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	_	9 BALTIMORE CITY			
	S.C.	U.S./	1.	WIDOW	D NEVER MARRIED DIORCED DI	Prince G	0.033.40	S Coun	I AAI
10. C	ITY OR TOWN OF DEATH			HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND	OF BUSINESS OR
T	okoma Park, Md.	Sli	H FACILITY, GIVE STREET A		0	(TYPE OF WORK FOR MOST O		LIFE) INDUSTRY	
		OTHER INSTITUTION			<u> </u>	House W			-
130	STATE  O . C . I 136 COU	C,	Vashingto		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	· Ave	nue,S.E	
14. F	ATHER'S NAME	MIDDLE	LAST	113	15 MOTHER'S MAIDEN NA	ME			AST
	David		Shelt	on	Ida	- Industrial		Waite	
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	ON YTI	17 INFORMANT 1921	192ADDR		a. Aven	ue.S.E.
	(YES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES)	101-20-27	420	Alberta V. No	bley, Wash:	ingto	n.D.C.	
NO	gave rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUE			SEASE MINAL DISEASE OR CON	IDITION G	IVEN IN PART 1	(0)
CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND	
=======================================					10.	YES NO		YES 🗌	№ □
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18.	, PART 1 OR PART 2)	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (1) sow the deceased alive or above. (1) (1) (did not 22) SIGNAL	914	HTC 198		13 26., 19 87.  nd that in (-) (our) opinion of the property opinion of the property opinion of the property opinion o	death occurred on the c	ALC lote and ha		, that (we) last e couses stated E SIGNED
	water	18	104	n	ATTENDING PHYSICIAN	MEDICAL STA		104	IAR 81
	WALTER E	GOO	UH KIL	9	2309 SHOK	PETIEW.	ROU	UHEA	TON M
	BURIAL, CREMATION, REMOVAL	236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	Burial	March	16.1987.	Hert	2 Cemeter	l'orring some		200	S.C.

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256 DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE

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SE S	FC	IRTHPLACE (STATE OR DREIGH COUNTRY)		U.S.A.	HAT COUNTRY?		HED NEVER MAR	RIED E	ALTIMORE CITY	_		
25 NO. 35 NO.		ITY OR TOWN OF DE	ATH		PITAL, NURSING HOM	WIDO\			Prince Ge		S Count	Y MD.
* EAST # 17		Cheverly		Prince G	cility, give street address) Beorge's Ge	neral		FORMOSTO	of working life)	TO WORK	Build	ling
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DEAY IS B. GIVE PAGES 1, 2, AND 31 OTHER WITH FORM PM 3. RETAIN PAGE WITH FORM PM 3. RETAIN PAGE DIVISION OF VITAL RECORDS, 2011	-13a. S	AL RESIDENCE (IF IN N STATE aryland	136 COUNT Prin	ROTHER INSTITUTION, GI	13c. CITY OR TOWN Greenbel		13d INSIDE CITY LIMITS? YES 20 NO	13.62EEG	Ridge R	oad		
MD. 1, 2, 1, 2, M. 3. S.		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
CO/VES PRE		runo	J.		Cibolla		Louise		М.	Bru		
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3. PAGES 1 AND 2.SI INISION OF VITAL	160. \	WAS DECEASED EVE (ES, NO. OR UNKNOWN) NO	(IF YES, GIVE W	AED FORCES? VAR OR DATES)	218 78 3		Mary K.	Tibolla	94120019 Bethes			
ESTON ST N 24 HO IN ITEM I NOON SIT PERMI HYGIENE,		PART I DEATH \ 3 0 4 9 Conditions, if	MAS CAUSED IMMEDIATI ony, which	E CAUSE (a) A  DUE TO, OR	for (a), (b), and (c),) <u>cute intra</u> AS A CONSEQUENCE		s narcotis	in .			APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
ORDS, 201 W. PRI E EXECUTED WITHING" IN PENCIL I DICAL EXAMINER A BURIAL TRAN IH AND MENTAL I EMATION, OR REF	z	gove rise to cause (a) statin lying cause loss	ig the <u>under-</u>	(c)	AS A CONSEQUENCE		E OR CONDITION GIVEN IN I	'ART 1 (a).				
NI REC NULD BI WPENID SED AS SED AS AL, CR	CERTIFICATION	190 DATE OF OPER	RATION	19b. CONDIT	ION FOR WHICH OPE	RATION V	AS PERFORMED?				20 AUTOPSY	?
T SEPTIMENT T	RTIFI	AL EVERNIAL CAL	IST WAS								YES 💢	NO 🗆
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "REDINGAL RE SHOULD BE USED AS A BURE E DEPARTMENT OF HEALTH AND ON PRIOR TO BURIAL, CREMATING OF PRIOR TO BURIAL CREMATING OF PRIOR		UNDERLYING CONTRIBUTING	OR		MONTH DAY YEA	R 21c. H	OW INJURY OCCURR	ED (ENTER NATUR	OF INJURY IN ITEM 18	8 PART 1 OR PART	2)	
DIVISION WRITING CERT WARDED VAGE 3 SH	MEDICAL	21d. INJURY OCCUI WHILE NO AT WORK	RRED . T WHILE	210 PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET	Спл	OR TOWN	COUN	ΤΥ	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED FOR THE CRRITIFICATE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION,		276. Licentify that death resulted from ACTUAL SIGNATURE		of the remount des	Accident S	Autor	Hamicide  TITLE (SPECIFY)  A D Dep uty Ct	Undetermin	ed manner	nd in my opin , DATE SIGNED.	Z/22/	'81
MEDK GCUTE GCN S FUNE TIMOI		EXAMINER'S NAME (TYPE OR PRINT)	The	omas D. S	mith, M.D.		ADDRESS	Penn St	. Balto	o. MD		
BP——BATPAGE	23a.B	URIAL, CREMATION,	REMOVAL 23		23c. NAME OF CE			123d. LOCAT			ontg.	Ma.
0000 DHMH-17 (VRA15 ME (5))	24nF	UNERAL PIECORS			ral Home, P	.A.	25a. DATE	REC'D. BY REG	ISTRAR 256 REC			
(VRAI3 ME (3)) 15M 2/80		Hyattsvi	TIE, M	IU.			TRIBE	r p 1301		-		

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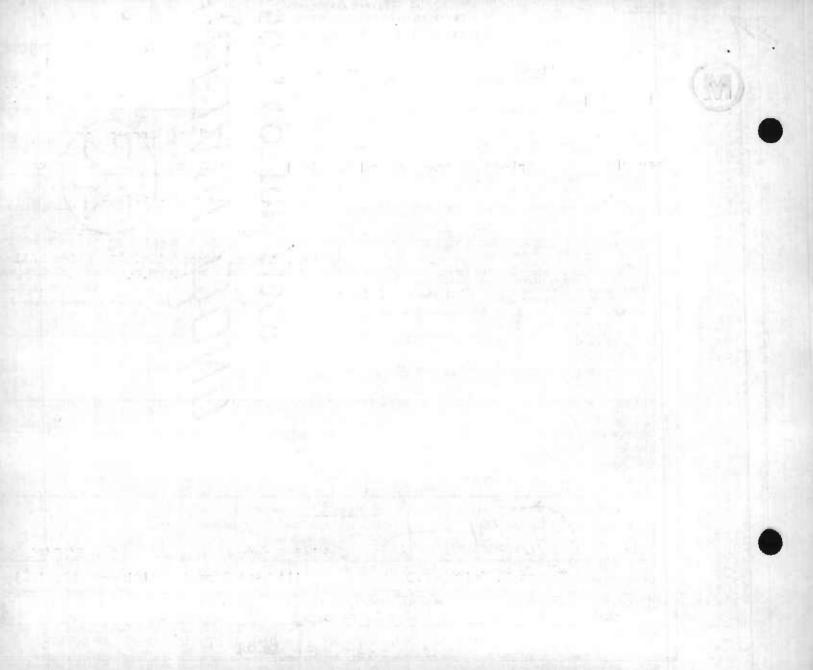
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6	1,	FOR STATE		DEPARTMENT (		MARYLAND H AND MENTAL	HYGIENE	0.8	5 7 8
	1,-	REGISTRAR	ME	DICAL EXAM	INER'S	CERTIFICATE	OF DEATH	REG. NO.	
쌇똤쯗流뜬		CEASED NAME FIRST	E Wood	row Vane	devh	oof		OWN MONTH	DAY YEAR 26. HOUR
PURECTO TO THE A	九	Hele Lehite	5. DATE OF BIRTH MONTH DAY 3 -/4	VEAR LAST VIE -13 LAST VIE	HDAY) MONT		MIN. PRONOUNCE DEAD	3-7	DAY YEAR 2d HOUR
THE STATE OF THE S	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W		8. MARR	IED   NEVER MAI	RRIED 7. BALTIMOR	E CITY OR COUN	ITY OF DEATH
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SHORT N	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HO	SSI	HER INSTITUTION	126. USUAL OCCUPAT	ION (TYPE OF WORK	17b. KIND OF BUSINESS OR INDUSTRY
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21201 E AND E AND SHOULD SHOULD	Ma Ma	ryland   136. COU	NTY	13c. CITY OR TOW Bladensb	N	13d INSIDE CITY LIMITS		. St. Ap	t-301
AND SATE		ATHER'S NAME FIRST	MIDDLE .	Vanderho	of	15. MOTHER'S MA FIRST Mary	IDEN NAME MIDDL	E	Finch
MORE PAGE FORM	16a. V	VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT			S. 5th. St.
BALTIMORE, JURS AFTER DE B. GIVE PAGE WITH FORM I PAGES A DIVISION OF	N	0		045-01-6	064	Judith A	• Anderson	Arlingto	n, Va.
, 28		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one couse per lim	for (a), (b), and (c).)		. //.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST., I HIN 24 HOU IN ITEM 18, R ALONG V SIT PERMIT HYGIENE, D			ATE CAUSE (o)	ne may	126000	in rag.	<u></u>		
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XECL XECL G. II BUR BUR ON,		PART 2 OFFER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a)		
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DIVISION S CERTIFIC RITING TH ROBE TO SHOUL E 3 SHOUL	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME TORY, FARM, ETC.)	21f. LO	CATION	~ C . ~		24
DIN E. WRIT RWARD PAGE: STATE	2	AT WORK AT WORK	147	me-	141	17 51	the Sheet Apt	301,00	Colenstery, Med
	1	220. I certify that I took chor	ge of the remains de	scribed obove, held a	n Autop	sy , Inspec	nion , Inquiry	and in my a	pinion
EXAMINER. CERTIFICATE JUD BE FOR DIRECTOR. ARYTH THE		death resulted fram: Nati	prol causes :	Accident .	Suicide	. Homicide	. Undetermined monne		
EXAMI CERTIFIC DIRECT WITH WARTH		ACTUAL A	210V	1		THE (SPECIEY)			2 2- (7)
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TO MEDICAL E EXECUTE THE O PAGE 4 SHOU AFTER DEATH AFTER DEATH BALTMORE, MA		TYPE OR PRINT	on P Ro	dilugi	2	ADDRESS 527	9 Payhum	Charles	up Sturs Police
PAFT PAKE	23a.B	URIAL, CREMATION, REMOVAL				R CREMATORY	23d. LOCATION CITY OR TOWN		UNITY STATE
400 BP	24.5	Burial	3-24-81	Mt. 01	.ivet (	Cemetery	Washingto		D.C.
DHMH - 17 (VR A15 ME(5))		UNERAL DIRECTOR  NAME  Gasch's Sons F	H P PORESS	Hvattsvill	e. Md.		R Z & 1981	256. REGISTRAR'S	The same of the sa
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29		tems #18 FOR STATE REGISTRAR	3a-22a		DICAL EXAMIN	HEALTH	AND MENTA		TU	0 8	5 7	9
W 100		CEASED NAME PE OR PRINT)	First		WIDDLE		LAST	0, 52,	2a. DATE KNOW OF ESTI DEATH MATE	- A Z	26 19 81	7b HOUR
		ale	RACE Black	Apr 19		EARS IF UN	IDER TYR. IF UN	DER 24 HRS. S MIN;	2c. DATE PRONOUNCED DEAD	MONTH 3	26 19 81	3 HOUR 3 06
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NAME OF THE PERSON OF THE PERS	Ch	everly		(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS! Orges Gene	ral H		FOR	MOST OF WORKING LIF		OR INDUST	
2, AND 3 3. RETAIN 2 SHOULD H AL RECORD	13a. S	Md.	13b. COL		Coral Hi		13d. INSIDE CITY LIMIT YES . NO	2 46	REET ADDRESS 507 Ohama	Street		
OOLS AND		Clyde	EVED IN U.S.		uss	TVAIC	15. MOTHER'S MA FIRST  JE  17. INFORMANT	essie		DRESS	Martin	
B. GIVE PAGES WITH FORM I T. PAGES I AN DIVISION OF		ES, NO, OR UNKNOW	N) (IF YES, GI	ARMED FORCES? IVE WAR OR DATES)  anly one couse per line	Unknown			Lenora	Vauss/w:	ife.602	O Sligo	
EXECUTED WITHIN 24 HOUF NG". IN PENCIL IN ITEM 18. CAL EXAMINER ALONG W BURTAL - TRANSIT PERMIT. A AND MENTAL HYGIENE, MATION, OR REMOVAL.		Conditions gave rise couse (a) s lying couse	, if any, whi to immedia toting the <u>under</u> elast.	DUE TO, OR (b)	iabetes mel AS A CONSEQUENCE AS A CONSEQUENCE	OF		IN A SET			BETWEEN ONS	er and beath
R S S S S S S S S S S S S S S S S S S S	MEDICAL CERTIFICATION,	19a. DATE OF			TION FOR WHICH OPE			IN PAKE E (Q).			20 AUTOPSY YES X	NO □
SAE BENEFICE	EDICAL CER	21a EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OC	OR G CAUSE C	DE DEATH P.M.	. MONTH DAY YEA . 19 DE INJURY (ATHOME.	211. LO	OW INJURY OCCU	JRRED (ENTER				212
EXECUTE THE CERTIFICATE, WRITING TIP PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRICR	W	AT WORK	AME Tho	omas D. Smi	Reputs S	Autop juicide	Homicide TITLE (SPECIFY	n eputy <sub>ker</sub>	Inquiry , termined manner	ond in my o	ED 3/27/	
PATO PAGE	23a.B	URIAL, CREMATI SPECIFY) Buria		3-31-81	23c. NAME OF CE			23d. Le	OCATION ORTOWN Suitland		e prince	STATE
DHMH - 17 ( A 15 ME (5) )	24. F	UNERAL DIRECT		ADDRESS	15 12th St		250. DA	APR 6	Y REGISTRAR 256	REGISTRAR'S		7

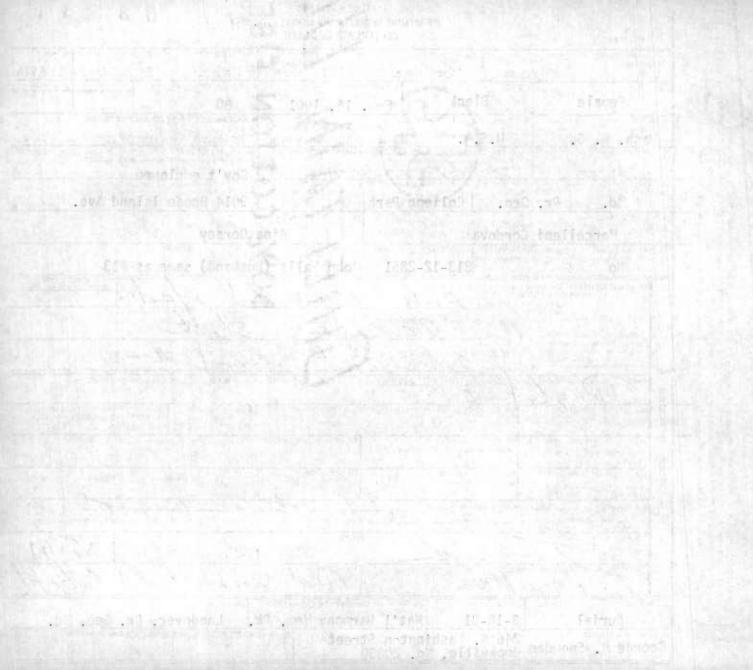


BP. DHMH-16 50M 7/77 (VR A 15 (4))

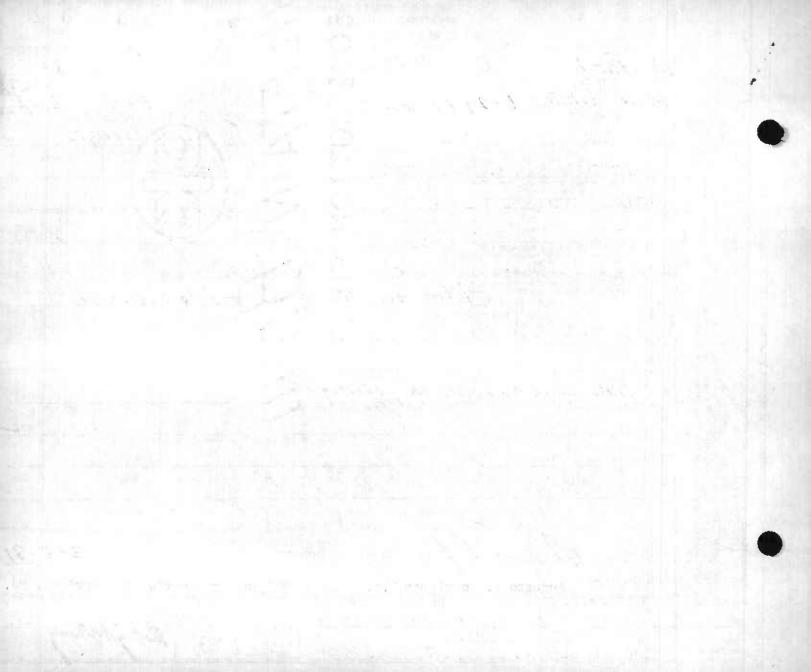
O	1-	STATE REGISTRAR	DEFARIME	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST PICHAR	d & Le	lade	3 - 9	ONTH DAY YEAR 26 HOUR, 5
)	J. SE	Male	Negro	S. DATE OF BIRTH MONTH DAY 1848	6. AGE (IN YEARS LAST BIRTHE	YRS.  IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
30		RTHPLACE (STATE OR FOREIGN )		MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR	e lopprope
5	) C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	N 126. KIND OF BUSINESS OR
35	13a S	Md. Ch	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AC TY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	e #2
86	1	Denjiman	Wade LAST	15. MOTHER'S MAIDEN NAME FIRST MARGATES	+ Green	field LAST
2		VAS DECEÄSED EVER IN U.S. ARA YES, NO OF UNKNOWN) (IF YES, GIVE	WAR OR DATES)	634 Gestrade Cl	handler Hug	o. Box 256 hesville, Md,
		PART I. DEATH WAS CAUSED	y one couse per line for (o) by ond of BY.  E CAUSE (a)		21	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, it ony, which	DUE TO, ORAS A CONSEQUENT	04 . 1 [8]	e ere	8 ins
		gove rise to immediate cause (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENT	CE OF	arlemon	ons 6 Mps
	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DE</u>	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART T OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE OCT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	M, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did national)	3/8 19	2, and that ir (my) (our) opinion of	deoth occurred on the dot	e and hour and from the causes stated
		276 SIGNATURE	R Lapen	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	
		22d PHYSICIAN'S NAME (TYPE OR	R. LAPIN, N	120 ADDRESS 10. 6805 OLD	ALOX FER	Rylo CHUTCH
	23a B	BURIAL, CREMATION, REMOVAL	3/14/1981 St.	ME OF CEMETERY OR CREMATORY MARYS Ch. Com	23d-tgCATION - CHYORTOWN - DYLLANTS	un Chas Mit.
	24 FL	UNERAL DIRECTOR	ADDRESS	25a. DATE	E REC'D. BY PEGISTRAR 25	b. REGISTRAR'S SIGNATURE

A STATE OF THE STA street of the first of the character of the character of the The second of th MAK ( 8 1881 Taxender

K		1	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENES  CERTIFICATE OF DEATH  REG. NO.
	IRCA		DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b HOUR
y be		L	Ter	resa Cordova WALLS March 12 1981 4:47P <sub>M</sub>
ç d	1)	3.	Female	4. RACE Black  5. Date of birth  Month Feb. 16, 1901  6. AGE (INYEARS LAST BIRTHDAY)  WONTHS DAYS HOURS MIN.  FUNDER 24 HRS  Feb. 16, 1901
E 5	. je	70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 79. BALTIMORE CITY OR COUNTY OF DEATH
deati	67	/	Wash. D. C.	U.S.A.   WIDOWED □   Prince George's MD.
fter of	fied	) 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201 Jrs of	ē0.	2	Lanham	Doctors' Hosp. of Pr.GeoCol Gov't employee
AND 213	d sem	5 13	STATE 1136 COU	Geo.   College Park   YES   NO   9014 Rhode Island Ave.
ARYL, d within	a in	14.	FATHER'S NAME	MIDDLE LAST FIRST MIDDLE LAST
Med omp	162	4	Marcelleni	
ond o	medico	160	WAS DECEASED EVER IN U.S. AF	VF WAR OR DAIFS)
LTIM Sion of	The m	-		213-12-2851   John Walls (Husband) same as #13
PRDS, 201 W. PRESTON ST. requires that the death certification is signed by the offending p. Then allose removes achory	rinjury, or other traumotic eve	ZO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PARY OTHER SONIFICANT	DUE TO, OR AS A CONSEQUENCE OF LEAST LEAST ACONDITION GIVEN IN PART 1/10  LEAST CONTRIBUTIVE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10  LEAST CONTRIBUTIVE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10
DIVISION OF VITAL RECORDS  NG PHYSICIAN: The low requirenthis certificate has been signed the historial permit these costs buriol-transit permit These	0 0	CEPTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 200 AUTOPSY?
OF VIII	them 18 s	_	OR CONTRIBUTING TO CHIEF OF DE	HOUR A.M. MONTH DAY YEAR
PHYSIC Hending	5 ≥ 5	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
OR ATTENDING e hospitol or o DIRECTOR: Afte	Dept. of Health		220.1 certify that (I) (this hosp	ital) attended the deceased from 19 19 1, and that in (my) our) opinion death occurred on the date and hour and from the causes stated of the body after death.  DEGREE ATTENDING MEDICAL STATE SIGNED
HOSPITAL	with the State		774 PHYSICIANS HAME CON	PHYSICIAN DIRECTOR PHYSICIAN
07 07	W AN	23	BURIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY IN LOCATION
700 BP_	172		Burial	3-18-81 Nat'l Harmony Mem. Pk. Landover Pr. Geo. Md.
DHMH-16 30M (VRA 15, 4	A 2/80 4)	24	FUNERAL DIRECTOR	246 N. Washington Street Rockville, Md. 20850



	FOR 1 - STATE REGISTRAR	DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGENE CERTIFICATE OF DEATH	0 8 5 8 2 REG. NO.
28480	Rev. K Leo	D- WARD	20. DATE KNO OF ES DEATH MA	STI 01
ARY, PLE COUR FILL COUR STRING	Male White	1 - 19 - 19 62 YRS.	DEAD	3-5 198/AM
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  NEW YORK	U.S.A. WIDO	WED DIVORCED Him	MU.
O O SPIET	HYATTSVILLE	11. NAME OF HOSPITAL, NURSING HOME, OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  5708 40TH AVENUE	HER INSTITUTION 120 USUAL OCCUPATI FOR MOST OF WORKING PRIEST	
RETAIN SHOULD SH	MARYLAND PRINC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN DE GEORGES HYATTSVILLE	13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES X NO \ 5708 4	OTH_AVENUE
DEATH OF AND	14. FATHER'S NAME FIRST PETER	MIDDLE WARD	15. MOTHER'S MAIDEN NAME MIDDLE CATHERINE I	O'NEIL
BALTIMG RES AFTER 3. GIVE PA WITH FOR T. PAGGES I. DIVISION		RMED FORCES? WW II 166. SOCIAL SECURITY NO. 079-16-5695	FR. LAWRENCE WARD	SAME AS 13 BROTHER
DS. 201 W. PRESTON ST XECUTED WITHIN 24 HO VC* IN PENCLI IN ITEM 1 ALL EXAMINER ALONG BURING. TRANSIT PERMI AND MENTAL HYGENE ATTOM, OR REMOVAL	Canditions, if any, whice gave rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		DETWEEN ONSET AND DEATH
HAULD BE END PROUP HE MADE WAS A PROUP OF FRANCH HEF ADDRESS AS A OF HEALTH REAL CREAT	Po. DATE OF OPERATION  210. EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION	logy !	20. AUTOPSY?  YES NO.
VESION OF VI	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	HOW INJURY OCCURRED LENTER NATURE OF INJURY I	
DIVIS THIS CER WARDED PAGE 3 S TATE DEP	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	OCATION STREET CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE WRITH PACE 4 SHOULD BE FORWARDE! TO FUNERAL DIRECTOR SACE 3 ACTER DEATH WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		rge af the remains described abave, held an Autoural causes Accident , Suicide C	psy , Inspection , Inquiry , Hamicide , Undetermined manne  TITLE (SPECIFY)  Deputy MEDICAL EXAMINE	DATE 3-5-81
O MEDIC XECUTE XECUTE AGE 4 S O FUNE FITTRE DE		usto P. Rodriguez M. J.	_ADDRESS_5009 Rayburn Cou	rt, Camp Springs, Md.
BP DHMH - 17 (VR A 15 ME (5) )	230, BURIAL CREMATION, REMOVAL BURIAL 24. FUNERAL DIRECTOR FRANCI NAME 500 UNIV. BLVD.	3/5/81 HOLY SEPULO	CHRE ROCHESTE	R MONROE STATE
15M 2/80	THE STATE OF THE S		The state of the s	- W.



3	FOR STATE			S' DEPARTMENT C		ARYLAND I AND MENTA	L HYGIENE	0 8	3 5 8	Š
	REGISTRAR		ME	DICAL EXAM	INER'S	ERTIFICATE	OF DEATH	REG. NO.		
7915.4	1. DECEASED NA	ME FIRST		MIDDLE	-	LAST	2a. DATE OF	KNOWN X MO	NTH DAY Y	EAR 26 HOUR
S S S E		ERNES	T	Gnv	W	ATSON	DEATH	MATED .	3 15 19	81 M
ARY, PLEASE DIRECTOR. P FILES. STREET,	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (III			DER 24 HRS. 2c. DAT	TE MON	VIH DAY	YEAR 2d HOUR 3:18
SKE. −	male	nearo	11-17-	and the	1110111	HS DAYS HOURS	MIN PRONOL	INCED :	3 15 10	81 3:18
A SE	7a BIRTHPLACE	(STATE OR	76. CITIZEN OF W	HAT COUNTRY?	18		9. BALTI	MORE CITY OR CO		
NECESSARY, FUNERAL DIR SP FOR TONE WE PREFORM	FOREIGN COUNTR		USA		WIDOW	IED NEVER MA		nce George	e's Coun	+1
MORE, MD. 21201 R. DEATH. IF ANY DELAY IS NI AGES 1, 2, AND 3 TO THE FU DRM PM. 3, RETAIN PAGE IS 3, LAND 2, SHOUID BE FILED, N OF WHAL RECORDS, 201, W	10. CITY OR TOW	N OF DEATH	11. NAME OF HOS	SPITAL, NURSING HO	OME, OR OTH		12e. USUAL OCC	UPATION (TYPE OF WI	ORK 12b. KIND C	OF BUSINESS
동류영문의 /사	Chayer	l.v.	(IF NOT IN SUCH F	CILITY, GIVE STREET ADDRE	55)		FOR MOST OF W		OR INC	USTRY
Par San A	Chever USUAL RESIDENCE	E (IF IN NURSING HOME O	Prince Ge		n. Hos	p. (DOA)	Far	ming		
ANY AND 3 RETAIL HOULD RECORD	13a. STATE	136. COUN	TY	13c. CITY OR TOW	N -	13d. INSIDE CITY LIMITS	13e STREET ADD			
E A S S S S S S S S S S S S S S S S S S	Maryla		George	Brandyw	ine	YES NO.		Box 151		
MD. 17. 2. 7. 2. 8. 3. 8. 9. 8. 9. 8. 9. 8. 9. 8. 9. 8. 9. 8. 9. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	14. FATHER'S NA	ME	MIDDLE	LAST		15. MOTHER'S MA		MIDDLE	LAST	
TO TAN PER SE	Charle						ie Adams			
= E - 2 11 0 1	(YES, NO, OR UNK	SED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT		<del>17</del> 657 (	old Ale	x Ferr
TON ST., BALTIMORE, 24 HOURS AFTER DEA ITEM 18. GIVE PAGES ILONG WHIT FORM P FREMIT. PAGES LAN GIENE, DIVISION OF	No			217-32-	0625	Gertru	de Thoma		linton.	
. ~	18. CAUSE	OF DEATH (Enter on	ly ane couse per line	for (o), (b), and (c).)					APPROX	UMATE INTERVAL ONSET AND DEATH
FON ST., I 24 HOUR ITEM 18. ILLONG W PERMIT. GEIENE, DI	PARTI	DEATH WAS CAUSED	E CAUSE (a) BLI	unt trauma	to pe	lvis and	chest			
RESTON HIN 24 H L IN ITEM IN SIT PER L HYGIEN EMOVAL	- 19/9	10		AS A CONSEQUEN						
EN LINE		tions, if ony, which	(6)							
TW. PREED WITHING PENCIL LAWINER L-TRANS AENTAL H, OR REA		rise to immediate (a) stating the under-	DUE TO, OF	AS A CONSEQUENCE	CE OF				72 130	
ZOI IN P EXA ON, ON,	lying c	ause lost.								
RDS, 201 V EXECUTED NG". IN PE (CAL EXAN N BURIAL - 1 A AND MEN	PART 2 OTNES	R SIGNIFICANT CONDITIONS	CONTRIBITING TO DEATH	BIST NOT OF LATER TO THE	TERMINAL DICEAS	AD COMOUTION CIVEN IN	I BART 1		1	
RECORDS D BE EXE ENDING MEDICA AS A BL CREMA-I			COMMON TO SERIE	DOT HOLKETHED IN THE	LEMMINAL OISENS	OK CONDITION GIVEN IN	TAKI I IO.			
HOULD BE EXECUTED WITHIN 24 HOURS TO THE MEDING THE MEDING TO THE MEDING	19a. DATE O	OF OPERATION	Inh COND	TION FOR WHICH O	PERATION	AS PERFORMED?			20 AUTO	DSV2
SHOULD DRD "PEI OF HE ALL OF HE URED A URIAL, OURIAL,	5		170. COTTO	nort or when o	CKATIOTY	ASTERIORNED.				
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROBE OTHE CHIEF E 3 SHOULD BE USE! E DEPARTMENT OF HOTHER TO THE WORD THE SHOULD BE USE! TO PRIOR TO BURIAL	210 EXTER	NAL CAUSE WAS	216 TIME O	E INTURY	121. 14	DW INTURY OCCU	RRED LENTER NATURE OF	**************************************	YES	X NO []
CERTIFICATE TING THE W 3SE TO THE DEPARTMEN 1 PRIOR TO		NG X OR	HOUR AN	MONTH DAY Y	EAR					
O FED SES	V	TING CAUSE OF					tractor th	nat lost o	control	
N S S S S S S S S S S S S S S S S S S S	WHILE	OCCURRED  NOT WHILE		OF INJURY (AT HOME TORY, FARM, ETC.)		CATION	CITY OR T	OWN	countinne	ed. STATE
D THIS WARE	AT WORK	AT WORK	eml	pankment	151	10 Nelson	Perry Rd	. Prince	ce Georg	e's Md.
RE TIE, TEST	220 Lce	ertify that I took charg	e of the remains de	scribed above held a	n Autop	sy X, Inspec	tion . Inquir	and in a	ny opinian	
A DE LES			ral couses .	Accident X	Suicide	. Hamicide	. Undetermined r		, opiman	
REG BIS	deoin res	A_	dicouses [	Accident (A),	Juicide [			namer		
W.V.	ACTUAL		MANA	NA-		TITLE (SPECIFY)		D	ATE 7 10	0.1
MEDICAL CUTE THE 2E 4 SHO FUNERA ER DEATH	SIGNATUR	AH	The state of the s	1		.D. ASSISTA	ant_medical exa	MINER SI	GNED 3-16	-81
NO N	EXAMINER	SNAME Ann	M. Dixo	n M D			111 Penn 3	5+		
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	(TYPE OR P	KII(I)				ADDRESS				
1 V V V	(SPECIFY)	MATION, REMOVAL 2				R CREMATORY	23d. LOCATION	L	COUNTY	STATE
1000BP	Buris		3/19/198	1 St.Ma	ry's	Ch. Cem		town Cha		
DHMH-17	24 FUNERAL DIR		ADDRES:				TE REC'D. BY REGISTE	TAR ZOO. RELISTRA	K S SIGNATURE	4
(VR A15 ME (5) )	Martel	1 Adams	Aquaso	o, Maryl	and 2	20608 M	AR 2 6 1981	broke		7

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J.S.

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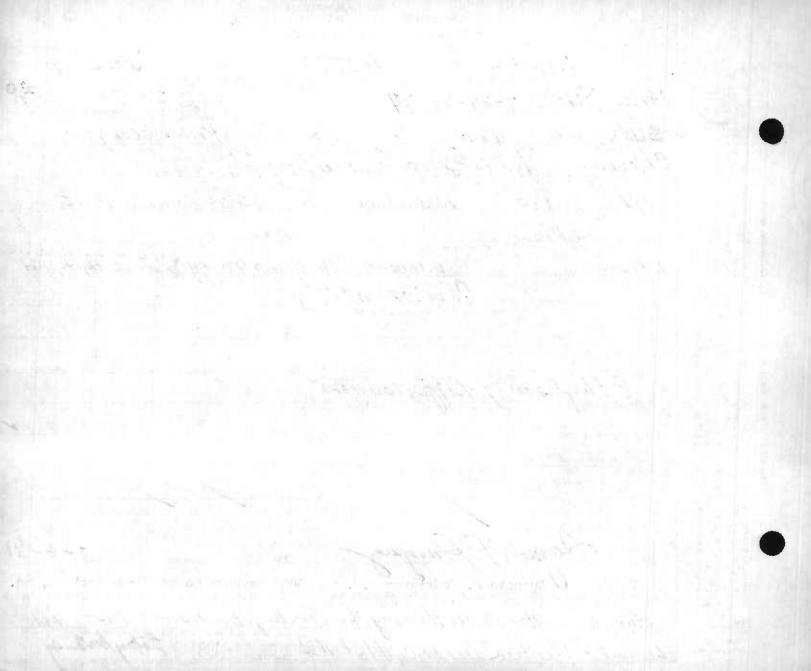
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miet wain bit you; [32-32-060] . control eputates . coo-SE-TIS

intiel [7/19/1961 St. Mary's Ch. Com. Lat Shown thou. Eu.

Cartell sound ,quesco, jergland 2000f

7	1-	FOR STATE REGISTRAR		OF MARYLAND EALTH AND MENTAL HYGENE R'S CERTIFICATE OF DEATH	08584
PASE POR: URS EET,		CEASED NAME FIRST FOUST	modit U	LAST 20. D	REG. NO.  ATE KNOWN MONTH DAY YEAR 15 HOUR OF ESTI- EATH MATED 19 3-4 1981
SSARY, PLEASE AND DIRECTOR. YOUR FILES. HINZY HOURS STON STREET.	3 SE)	Tale Black 7	E OF BIRTH  H DAY  - 29-03  IZEN OF WHAT COUNTRY?    Country   Cou	MONTHS DAYS HOURS MIN. PROJ	DATE NOUNCED 3 - 5 19 YEAR 11 19 MM
DAO287/	-	LINKnown	U.S.A.	MARRIED WEVER MARRIED WIDOWED STORED STORED	rinu Georges
PELAY IS TO THE FUED SS-2011	10. C	housely on	uce Herres Ger	10000 Blas novalle	OCCUPATION (TYPEOF WORK 12b. KIND OF BUSINESS OR INDUSTRY  DENERY  DONE  OR INDUSTRY
21201 F ANY D AND 3 RETAIN HOULD RECORD	13e. S	AL RESIDENCE (IF A NURSING HOME) THE TATE 13b. COUNTY G	131 CITY OR TOWN	YES NO 5999	Emerson Street
RE, MD PEATH. 1 PES 1, 2, PES 1, 2, A PM 3, A AND 2 S	14 F	ATMER'S NAME FIRST LLIN KNOWN	E LAST	15. MOTHER'S MAIDEN NAME FIRST UNKnown	MIDDLE LAST
ON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELAY IS NE ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUI CNG WITH FORM PM. 3. RETAIN PAGES 5 PREMIT: PAGES 1 AND 2 SHOULD BE FILED, VAIL. ONLY ON SHOULD BE FILED, VAIL. ONLY ON SHOULD BE FILED, VAIL. ONLY ONLY OF THE PAGES 10 AND 2 SHOULD BE FILED, VAIL.	(1)	VAS DECEASED EVER IN U.S. ARMED FO IS, NO, OR UNKNOWN)   1 IF YES, GIVE WAR OR D TKNOWN		IO. IT. INFORMANT	Ry District Hypts, My
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA TO ENURAL DIRECTOR: PAGES 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEMBAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS BURIAL-TRANSIT PAGES 1 AND 2 SHOULD BE USED AS BURIAL-TR		Canditians, it any, which gave rise to immediate cause (a) stating the <u>under-lying cause last</u> .	DUE TO, OR AS A CONSEQUENCE OF  (c)  (c)	epathy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS  LD BE EXECUTE PENDING MEDICAL AS A BU REALTH AN	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE PART OF OPERATION	THIS TO DEATH BUT NOT RELATED TO THE JERMINA  HIS CONDITION FOR WHICH OPERAT	um	20 AUTOPSY?
F VITAL F VITAL WORD WORD F CHIEF F CH	CERTIFICATION	21ª EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCURRED SENTER NATUR	YES NO P
DIVISION O S CERTIFICAT RITING THE REDE TO TH RES 3 SHOULD RESPATING REPARTING REPARTING REPARTING REPARTING REPARTING REPARTING REPARTING REPARTING REPARTING	MEDICAL C	WHILE NOT WHILE	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY   JATHOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION	gorown county state
DICAL EXAMINER: THI THE CERTIFICATE, W T SHOULD BE FORWA MERAL DIRECTOR: PA DEATH, WITH THE STA ORE, MARYLAND, 212		22e I certify that I took charge of the death resulted fram: Natural cause ACTUAL SIGNATURE	Accident , Suicident , Suicide	Hamicide Undetermin	EXAMINER DATE SIGNED 3-6-81
TO MEE	23a, B	EXAMINER'S NAME AURUS (TYPE OR PRINT)  URIAL, CREMATION, REMOVAL 23b. DAT		ADDRESS 5009 Rayburn	Court, Camp Springs, Md.
BP	(	Burial Har UNERAL DIRECTOR	13,1981 Harmony,	Mem. Cemetery Land	STATE PSD. RESISTRAR'S SINATURE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	6	emuel R. Woodfor	K 1722 No. Capital	St. N.W. MAR 1 6 19	81 The fray Metersday



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN D 20 DATE LITYPE OR PRINTI ESTI-DEATH MATED 1981 Nancy .lo Weeks 4. RACE 5 DATE OF BIRTH IF LINDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 1958 DEAD Female White 6 1981 Dec. TO BIRTHPLACE (STATE OF FOREIGN COUNTRY) 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Alabama WIDOWED DIVORCED Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSIN OR INDUSTRY 120. USUAL OCCUPATION (TYPE OF WORK C & P Prince George's General Cheverly Hospital Installer ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE LIST COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Maryland 3347 Hewitt Ave., Apt. 204 Silver Spring NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Ethel Tinsman Weeks D. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS Same as (YES, NO. OR UNKNOWN) 577-72-0436 Ethel D. Weeks, Mother 18 CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, D
IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? E CHIEF BE USED STATE DEPARTMENT OF HE 20 AUTOPSY? YES X NO TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOI PACE SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT. BALTIMOSE MARKAND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 9:30 P.M. 3 Driver of auto/auto impact 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 9400 Block CITY OR TOWN STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK street Prince George Cherry Hill Rd Autapsy X 22a. I certify that I taak charge of the remains described obave, held an Inspection Inquiry and in my apinian Accident Hamicide Natural causes Undetermined manner TITLE (SPECIFY) Mp Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial STATE Mar. National Memorial Park Falls Church, 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. 966157 **DHMH-17** MAR (VR A15 ME (5)) Capitol Funeral Service Fairfax, Virginia 15M 2/80

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinian death occurred on the date and haur and from the causes stated 12c DATE SIGNED Gate of Heaven Cemetery SPIVer Spring P.G. ST Md THE PRECORDER Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Hvattsville, Maryland

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IF UNDER I YEAR

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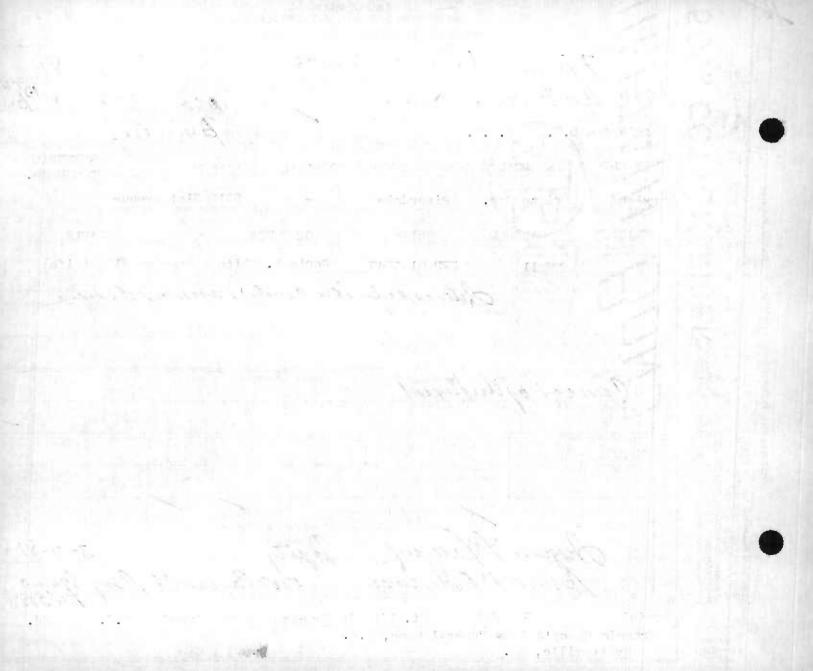
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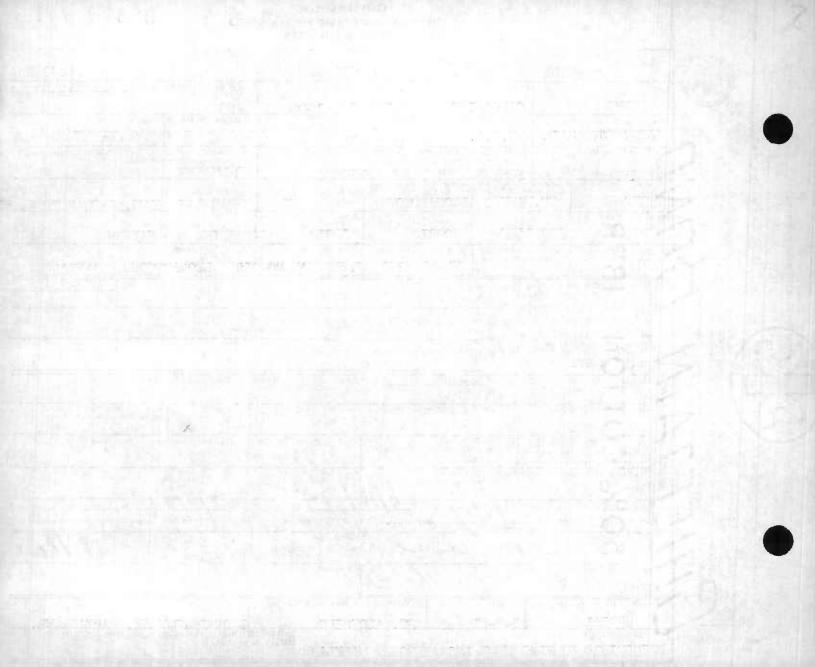
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may by page		3. SE	(	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
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h. Pa	2	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
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24 hours ed in by be filed er, must 1	2.1	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 134. INSIDE PITY LIMITS?	13. STREET ADDRESS.	
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that that ov th crem			cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	1		2/20/01
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4YSICIAI physician is certifica ial-transit ental Hyg	1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR		
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ATTE			saw the deceased alive an	3-23-31 19 19 19 19 19	, and that in (my) (***) apinian	death accurred on the date and hour	and from the causes stated
LOR AT e hospital DIRECT Ched for Dept. of			22h SIGNATURE	n view the body offer death.	DEGREE		22C DATE SIGNED
			11B Strick	ET MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-30-87
SPITAL d by the VERAL be detace e State TANT:	,		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	224 ADDRESS 9221	ColesvilleRo	
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165	STATE OF MARYLAND	
7	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	ECEASED NAME RST MIDDLE LAST 20. DATE KNOWN OF STL.	IOUR
ELES PAGE	FRAZIER KENNETH WHITE DEATH MATED 3-7 198/	M
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D. 21201 IF ANY DE 2. AND 3. 3. RETAIN 5. SHOULD	AL RESIDENCE (IF IN NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. CITY OR TOWN  136. LITY LIMITS?  136. STREET ADDRESS  6319 51st Avenue	
E, MD.	ATHER'S NAME IS. MOTHER'S MAIDEN NAME	
SSA SE	FRST MIDDLE LAST FRAZIER CARROLL WHITE GERTRUDE DAVIS	
A SA	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.: ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, 4 FF MEDICAL EXAMINER ALONG WITH FORM PM 3 FED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 25H HEATH AND MENTAL HYGIENE, DIVISION OF WICALR AL, CREMATION, OR REMOVAL.	APPROXIMATE INTER PART I DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (Conditions, if any, which gove rise to immediate couse (a) stating the under- lying couse last.  INTERIOR OF LONG AS A CONSEQUENCE OF  APPROXIMATE INTER PETWEEN ONSET AND (CONSEQUENCE OF CONSEQUENCE OF CONSEQUEN	ZAL DEATH
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV PAFER PEATH, WITH THE SIS BALTIMORE, MARYLAND.	220   certify that I taak charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted Iram: Notural couses, Accident, Suicide, Homicide, Undetermined manner, ISPECIETY, MEDICAL EXAMINER, DATE, SIGNATURE, MEDICAL EXAMINER, SIGNED, ACTUAL SIGNATURE, SIGNED, ACTUAL SIGNATURE, SIGNED, SIGNED, ACTUAL SIGNATURE, SIGNED,	,
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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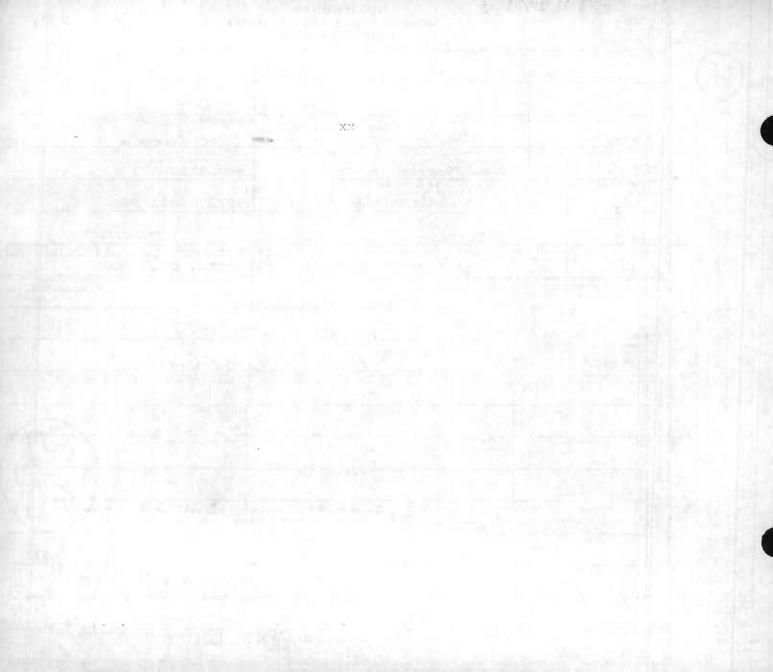
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Item 8 g561 11/17/81 gi



FOR 1 - STATE

REGISTRAR

unknown ADDRESS Springfield, Va. Williams -5741 Homing Aug PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that is (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED (SPECIFY) Burial COUNTY STATE Fort Lincoln Cem. 3-17-81 Bladensburg. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 R.N. Horton Co., Inc. 600 Kennedy St. N.W. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

17b. KIND OF BUSINESS OR

9:00AM

81

IF UNDER I YEAR

INDUSTRY

	1	FOR - STATE REGISTRAR		DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8   REG. 1	0 8	3 5	9 6
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23( NAME OF CEMETERY OR CREMATORY

Fort Lincoln Crem

DHMH-16 30M 2/80 (VRA 15, 4)

Francis Gasch's Sons, PA Hyattsville, Md.

3/23/81

230. BURIAL, CREMATION, REMOVAL (SPECIF Cremation

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25 PATEREC D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

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8 9 9 9		22b. SIGNATURE	Jones .	/ the budy	arrer deam.		DEGREE					22c. DATE S	SIGNED
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Erron 25, 1981 5,126. Tell Z. .. Or in-a Nec. 4. 2918 MARKED DUPO -)\_-x Er nos Georges County Mash., D. C. U.S.A. Clinton Numbers Stylets desired Conter Colicement. Serverelling Meryland In. George Felde Hills x 323 Janus ont Street Traderick .. Namer !.e .. .. .. .. Wil 577-12-67 6 Filabeta x. and ar (at in item 13) Jagara o in cute "vod rdied Idle ction Cardiovenio 2002 - Magnitus Connective Ferrit 2-1 tare re 13 ,8s dored 13 eron 25 rome , 8% NOTS . I. innes . . . -Dls wootyse to., Winton. (.) Idrial 3/30/81 Crear Hill Century ACCEPTANCE.

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